

SECTION 1915(c) WAIVER FORMAT

1. The State of IDAHO requests a Medicaid home and community-based services waiver under the authority of section 1915(c) of the Social Security Act. The administrative authority under which this waiver will be operated is contained in Appendix A.

This is a request for a model waiver.

a. ☐ Yes b. ☒ No

If Yes, the State assures that no more than 200 individuals will be served by this waiver at any one time.

This waiver is requested for a period of (check one):

a. ☐ 3 years (initial waiver)

b. ☒ 5 years (renewal waiver)

2. This waiver is requested in order to provide home and community-based services to individuals who, but for the provision of such services, would require the following levels (s) of care, the cost of which could be reimbursed under the approved Medicaid State plan:

- a. ☐ Nursing facility (NF)
- b. ☒ Intermediate care facility for mentally retarded or persons with related conditions (ICF/MR)
- c. ☐ Hospital
- d. ☐ NF (served in hospital)
- e. ☐ ICF/MR (served in hospital)

3. A waiver of section 1902(a)(10)(B) of the Act is requested to target waiver services to one of the select group(s) of individuals who would be otherwise eligible for waiver services:

- a. ☐ aged (age 65 and older)
- b. ☐ disabled
- c. ☐ aged and disabled
- d. ☒ mentally retarded
- e. ☒ developmentally disabled

- f.____ mentally retarded and developmentally disabled
- g.____ chronically mentally ill
4. A waiver of section 1902(a)(10)(B) of the Act is also requested to impose the following additional targeting restrictions (specify):
- a. X Waiver services are limited to the following age groups (specify):
18 years of age and older
- b.____ Waiver services are limited to individuals with the following disease(s) or condition(s) (specify): _____
- c.____ Waiver services are limited to individuals who are mentally retarded or developmentally disabled, who currently reside in general NFs, but who have been shown, as a result of the Pre-Admission Screening and Annual Resident Review process mandated by P.L. 100-203 to require active treatment at the level of an ICF/MR.
- d.____ Other criteria. (Specify): _____
- e.____ Not applicable.
5. Except as specified in item 6 below, an individual must meet the Medicaid eligibility criteria set forth in Appendix C-1 in addition to meeting the targeting criteria in items 2 through 4 of this request.
6. This waiver program includes individuals who are eligible under medically needy groups.
- a.____ Yes b. X No
7. A waiver of §1902(a)(10)(C)(i)(III) of the Social Security Act has been requested in order to use institutional income and resource rules for the medically needy.
- a.____ Yes b. X No c.____ N/A
8. The State will refuse to offer home and community-based services to any person for whom it can reasonably be expected that the cost of home or community-based services furnished to that individual would exceed the cost of a level of care referred to in item 2 of this request.
- a.____ Yes b. X No
9. A waiver of the "statewideness" requirements set forth in section 1902(a)(1) of the Act is requested.

a. ☐ Yes b. ☒ No

If yes, waiver services will be furnished only to individuals in the following geographic areas or political subdivisions of the State (Specify): _____

10. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to individuals served on the waiver.

11. The State requests that the following home and community-based services, as described and defined in Appendix B.1 of this request, be included under this waiver:

- a. ☐ Case management
- b. ☐ Homemaker
- c. ☐ Home health aide services
- d. ☐ Personal care services
- e. ☒ Respite care
- f. ☐ Adult day health
- g. ☒ Habilitation
 - ☒ Residential habilitation
 - ☐ Day habilitation
 - ☐ Prevocational services
 - ☒ Supported employment services
 - ☐ Educational services
- h. ☒ Environmental accessibility adaptations
- i. ☒ Skilled nursing
- j. ☒ Transportation
- k. ☒ Specialized medical equipment and supplies
- l. ☒ Chore services
- m. ☒ Personal Emergency Response Systems
- n. ☐ Companion services

- o.____ Private duty nursing
- p.____ Family training
- q.____ Attendant care
- r.____ Adult Residential Care
- ____ Adult foster care
- ____ Assisted living
- s.____ Extended State plan services (Check all that apply):
- ____ Physician services
- ____ Home health care services
- ____ Physical therapy services
- ____ Occupational therapy services
- ____ Speech, hearing and language services
- ____ Prescribed drugs
- ____ Other (specify):

t. X Other services (specify): Home delivered meals,
Behavioral consultation/crisis management, and
Adult day care.

u.____ The following services will be provided to individuals with chronic mental illness:

- ____ Day treatment/Partial hospitalization
- ____ Psychosocial rehabilitation
- ____ Clinic services (whether or not furnished in a facility)

12. The state assures that adequate standards exist for each provider of services under the waiver. The State further assures that all provider standards will be met.

13. An individual written plan of care will be developed by qualified individuals for each individual under this waiver. This plan of care will describe the medical and other services (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each. All services will be furnished

pursuant to a written plan of care. The plan of care will be subject to the approval of the Medicaid agency. FFP will not be claimed for waiver services furnished prior to the development of the plan of care. FFP will not be claimed for waiver services which are not included in the individual written plan of care.

14. Waiver services will not be furnished to individuals who are inpatients of a hospital, NF, or ICF/MR.
15. FFP will not be claimed in expenditures for the cost of room and board, with the following exception(s) (Check all that apply):
 - a. ____ When provided as part of respite care in a facility approved by the State that is not a private residence (hospital, NF, foster home, or community residential facility).
 - b. ____ Meals furnished as part of a program of adult day health services.
 - c. ____ When a live-in personal caregiver (who is unrelated to the individual receiving care) provides approved waiver services, a portion of the rent and food that may be reasonably attributed to the caregiver who resides in the same household with the waiver recipient. FFP for rent and food for a live-in caregiver is not available if the recipient lives in the caregiver's home, or in a residence that is owned or leased by the provider of Medicaid services. An explanation of the method by which room and board costs are computed is included in Appendix G-3.

For purposes of this provision, "board" means 3 meals a day, or any other full nutritional regimen.

16. The Medicaid agency provides the following assurances to HCFA:
 - a. Necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. Those safeguards include:
 1. Adequate standards for all types of providers that furnish services under the waiver (see Appendix B);
 2. Assurance that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver (see Appendix B). The State assures that these requirements will be met on the date that the services are furnished; and
 3. Assurance that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.
 - b. The agency will provide for an evaluation (and periodic reevaluations, at least annually) of the need for a level of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future (one month or less), but for the availability of home and community-based services. The requirements for such evaluations and reevaluations are detailed in Appendix D.
 - c. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, and is included in the targeting criteria included in items 3 and 4 of this request, the

individual or his or her legal representative will be:

1. Informed of any feasible alternatives under the waiver; and
 2. Given the choice of either institutional or home and community-based services.
- d. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to persons who are not given the choice of home or community-based services as an alternative to institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice, or the provider(s) of their choice.
 - e. The average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures for the level(s) of care indicated in item 2 of this request under the State plan that would have been made in that fiscal year had the waiver not been granted.
 - f. The agency's actual total expenditure for home and community-based and other Medicaid services under the waiver and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred by the State's Medicaid program for these individuals in the institutional setting(s) indicated in item 2 of this request in the absence of the waiver.
 - g. Absent the waiver, persons served in the waiver would receive the appropriate type of Medicaid-funded institutional care that they require, as indicated in item 2 of this request.
 - h. The agency will provide HCFA annually with information on the impact of the waiver on the type, amount and cost of services provided under the State plan and on the health and welfare of the persons served on the waiver. The information will be consistent with a data collection plan designed by HCFA.
 - i. The agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as HCFA may otherwise specify for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

The State conducts a single audit in conformance with the Single Audit Act of 1984, P.L. 98-502.

a. X Yes b. No

17. The State will provide for an independent assessment of its waiver that evaluates the quality of care provided, access to care, and cost-neutrality. The results of the assessment will be submitted to HCFA at least 90 days prior to the expiration of the approved waiver period and cover the first 24 months (new waivers) or 48 months (renewal waivers) of the waiver.

a. Yes b. X No

18. The State assures that it will have in place a formal system by which it ensures the health and welfare of the individuals served on the waiver, through monitoring of the quality control procedures described in this waiver document (including Appendices). Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care are periodically reviewed to ensure that the services furnished are consistent with the identified needs of the individuals. Through these procedures,

the State will ensure the quality of services furnished under the waiver and the State plan to waiver persons served on the waiver. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiencies.

An effective date of October 1, 2002 is requested.

19. The State contact person for this request is Mary Wells, who can be reached by telephone at (208-364-1955)
20. This document, together with Appendices A through G, and all attachments, constitutes the State's request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be submitted in writing by the State Medicaid agency. Upon approval by HCFA, this waiver request will serve as the State's authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

Signature: _____

Print Name: Karl Kurtz

Title: Director

Date: September 11, 2002

APPENDIX A - ADMINISTRATION

LINE OF AUTHORITY FOR WAIVER OPERATION

CHECK ONE:

_____ The waiver will be operated directly by the Medical Assistance Unit of the Medicaid agency.

_____ The waiver will be operated by _____, a separate agency of the State, under the supervision of the Medicaid agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

X The waiver will be operated by **Division of Family and Community Services**, a separate division within the Single State agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

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APPENDIX B - SERVICES AND STANDARDS
APPENDIX B-1 DEFINITION OF SERVICES

The State requests that the following home and community-based services, as described and defined herein, be included under this waiver. Provider qualifications/standards for each service are set forth in Appendix B-2.

a. ☐ Case Management:

☐ Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

Case managers shall be responsible for ongoing monitoring of the provision of services included in the individual's plan of care.

1. ☐ Yes 2. ☐ No

Case managers shall initiate and oversee the process of assessment and reassessment of recipient level of care and the review of plans of care at such intervals as are specified in appendices C & D of this request.

1. ☐ Yes 2. ☐ No

☐ Other Service Definition (specify): _____

b. ☐ Homemaker:

Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

☐ Other Service Definition (Specify): _____

c. _____ Home health aide services:

_____ Services defined in 42 CFR 440.70 with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services provided under the waiver shall be in addition to any available under the approved State plan.

___ Other Service Definition (Specify): _____

d. _____ Personal care services:

___ Assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care providers must meet State standards for this service.

1. Services provided by family members.

(Check one):

___ Payment will not be made for personal care services furnished by a member of the individual's family.

___ Personal care providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent

(or step-parent), or to a recipient by that person's spouse.

Justification attached.
(Check one):

- ☐ Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.
- ☐ Standards for family members providing personal care services differ from those for other providers of this service. The different standards are indicated in Appendix B-2.

2. Supervision of personal care providers will be furnished by:
(Check all that apply):

- ☐ A registered nurse, licensed to practice nursing in the State.
- ☐ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.
- ☐ Case managers
- ☐ Other (specify):

3. Frequency or intensity of supervision:

(Check one):

- ☐ As indicated in the plan of care
(but at least every 90 days)
- ☐ other (specify): _____

4. Relationship to State plan services.
(Check one):

- ☐ Personal care services are not provided under the approved State plan.
- ☐ Personal care services are included in the State plan, but with limitations. The waived service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.
- ☐ Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.
- ☐ Other service definition (specify): _____

e. X Respite care:

 X Services provided to individuals unable to

care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

X Other Service Definition (Specify):

While receiving respite care services, the waiver participant cannot receive other waiver services which are duplicative in nature. Respite care services provided under this waiver will not include room and board payments. Respite services will be identified on the Individual Support Plan.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite care will be provided in the following location(s):
(Check all that apply):

X Individual's home or place of residence

___ Foster home

___ Medicaid certified Hospital

___ Medicaid certified NF

___ Medicaid certified ICF/MR

___ Group home

___ Licensed respite care facility

___ Other community care residential facility approved by the State that is not a private residence (Specify type):

X Other (specify):

Respite will be provided in the home of the respite provider or community sites identified on the Individual Support Plan.

f. ☐ Adult day health:

☐ Services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the recipients' plans of care will be furnished as component parts of this service.

Transportation between the recipient's place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services.
(Check one):

1. ☐ Yes 2. ☐ No

☐ Other service definition (Specify):

g. ☒ **Habilitation:**

☐ Services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. This service includes:

☐ Residential habilitation: assistance with acquisition, retention or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep, and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents or to

meet the requirements of the applicable life safety code. Payment for residential habilitation does not include payments made, directly or indirectly, to members of the recipient's immediate family. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider or for activities or supervision for which a payment is made by a source other than Medicaid. Documentation which shows that Medicaid payment does not cover these components is attached to Appendix G.

— Day habilitation: Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week, unless provided as an adjunct to other day activities included in the individual's plan of care.

Day habilitation services shall focus on enabling the individual to attain his or her maximum functional level, and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

_____ Prevocational services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Act. Services aimed at preparing an individual for paid or unpaid employment, but which are not job task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs). Prevocational services are available only to individuals who have previously been discharge from a SNF, ICF, NF or ICF/MR.

Check one:

 Individuals will not be compensated for prevocational services.

 When compensated, clients are paid at less than 50 percent of the minimum wage.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the client's plan of care as directed to habilitative, rather than explicit employment objectives.

Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142; and
2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

 Educational services, which consist of special education and related services as defined in sections (15) and (17) of the Individuals with Disabilities Education Act, to the extent to which they are not available under a program funded by IDEA. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P. L. 94-142; and
2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

___ Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by waiver individuals, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by waiver individuals as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142; and
2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

2. Payments that are passed through to users of supported employment programs; or
3. Payments for vocational training that is not directly related to an individual's supported employment program.

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

1. _____ YES 2. _____ NO

__ Other Service Definition (Specify):

Other services definition for Residential Habilitation and Supported Employment

X Residential Habilitation services consist of an integrated array of individually-tailored services and supports furnished to eligible recipients which are designed to assist them to reside successfully in their own homes, with their families, or alternate family home. The services and supports that may be furnished to an eligible individual consist of the following:

1. **Habilitation Services aimed at assisting the individual to acquire, retain or improve his/her ability to reside as independently as possible in the community and/or to maintain family unity and provides training in one or more of the following areas:**

Self-direction, including the identification of and response to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements or life activities;

Money management consists of training and/or assistance in handling personal finances, making purchases, and meeting personal financial obligations;

Daily living skills, including training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self-administration of medications, and other areas of daily living including proper use of adaptive and assistive devices, appliances, home safety, first aid, and emergency procedures;

Socialization: including training and/or assistance in participation in general community activities and establishing relationships with peers with an emphasis on connecting the waiver participants to their community. Training associated with participation in community activities includes assisting the individual to identify activities of interest, working out arrangements to participate in such activities, and identifying specific training activities necessary to assist the individual to continue to participate in such activities on an on-going basis. Socialization services do not include participation in non-therapeutic activities which are merely diversional or recreational in nature;

Mobility, including training and/or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community;

Behavior Shaping and management includes training or assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially-appropriate behaviors; or

Extension of therapeutic services, which consists of conducting exercises or reinforcing physical, occupational, speech and other therapeutic programs.

2. Personal Assistance Services: Services necessary to assist the individual in daily living activities, household tasks, and such other routine activities as the person or the person's primary caregiver(s) are unable to accomplish on his or her own behalf.

Personal assistance activities include direct assistance with grooming, bathing, and eating, assistance with medications that are ordinarily self-administered; supervision; communication assistance, reporting changes in the waiver participant's condition and needs; household tasks essential to health care at home to include general cleaning of the home, laundry, meal planning and preparation, shopping, and correspondence.

3. Skills Training: teaches waiver participants, family members, alternative family caregiver(s), or an individual's roommate or neighbor to perform activities with greater independence and to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skill training is provided to encourage and accelerate development in independent and daily living skills, self-direction, money management, socialization, mobility and other therapeutic programs.

Payments for residential habilitation may include payments to family members identified as providers of residential habilitation services. Family members who provide residential habilitation services must meet the standards set forth for providers. No such payments will be made to the spouse of the waiver participant. The payments for residential habilitation services exclude the costs of room and board expenses, including general maintenance, upkeep or improvement to the individual's own home or that of his/her family. The nature and the types of residential habilitation services to be furnished to the waiver participant will be set out in the individual's support plan. This service is necessary to prevent institutionalization.

 X **Supported Employment:** is competitive work in integrated work settings for individuals with the most severe disabilities for whom competitive employment has not traditionally occurred: or for whom competitive employment has been interrupted or intermittent as a result of a severe disability; and who, because of the nature and severity of their disability, need intensive supported employment services or extended services in order to perform such work.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 as amended, or the Individuals with Disabilities Education Act.

Documentation will be maintained in the file of each individual receiving this service that:

The service is not otherwise available under a program funded under the Rehabilitation Act of 1973 as amended, or the Individuals with Disabilities Education Act; and,

Federal financial participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer of waiver participants to encourage or subsidize employer's participation in a supported employment program;
2. Payments that are passed through to beneficiaries of supported employment programs; or
3. Payments for vocational training that is not directly related to a waiver participant's supported employment program.

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of transportation is included in the rate paid to providers of the appropriate type of habilitation services.

1. _____ Yes 2. _____ No

Other service definition (Specify): _____

The State requests the authority to provide the following additional services, not specified in the statute. The State assures that each service is cost-effective and necessary to prevent institutionalization.

The cost neutrality of each service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

h. X Environmental accessibility adaptations:

 X Those physical adaptations to the home, required by the recipient's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home and without which, the recipient would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home which are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. All services shall be provided in accordance with applicable State or local building codes.

 X Other Service Definition (Specify): _____

Service is limited to modifications to a home rented or owned by the recipient or the recipient's family when the home is the principal residence of the recipient.

i. X Skilled nursing:

X Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.

X Other Service Definition (Specify):
Intermittent, oversight of the consumer's medical condition or health status and/or supervision of the medical services provided by the provider. Includes the provision of hands on nursing services or treatments of such a technical nature the Idaho Nurse Practice Act requires the services to be provided by a licensed nurse.

j. X Transportation:

X Service offered in order to enable waiver recipients to gain access to waiver and other community services and resources, required by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services offered under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the recipient's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

_____ Other Service Definition (Specify):_

k. X Specialized Medical Equipment and Supplies:

X Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable recipients to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment

and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design, and installation.

Other Service Definition (specify):_____

l. X **Chore Services:**

X Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services will be provided only in cases where neither the client, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer/agency or third party payor is capable of or responsible for their provision.

In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

X **Other Service Definition (Specify):**
Limited to services provided in a home rented or owned by the recipient.

m. X **Personal Emergency Response Systems (PERS)**

X PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in the event of an emergency. The client may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caretaker for extended periods of time, and who would otherwise require extensive routine supervision.

X **Other Service Definition (Specify):**
This service is designed to monitor waiver participant safety and/or provide waiver participant access to emergency crisis intervention for emotional, medical or environmental emergencies through the provision of communication connection systems. By providing immediate access to assistance, PERS serves to prevent institutionalization.

n. ___ Adult companion services:

___ Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on medical care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the client. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

___ Other Service Definition (Specify):

o. ___ Private duty nursing:

___ Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to an individual at home.

___ Other Service Definition (Specify):

p. ___ Family Training:

___ Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a recipient of waiver services, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the recipient. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as may be necessary to safely maintain the individual at home. All family training must be included in the individual's written plan of care.

___ Other Service Definition (Specify):

q. ___ Attendant Care Services:

___ Hands-on care, of both a medical and non-medical supportive nature specific to the needs of a medically stable, physically handicapped individual. This service may include skilled medical care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of the client-based care may also be furnished as part of this activity.

Supervision (Check all that apply):

_____ Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the individual's written plan of care.

_____ Supervision may be furnished directly by the client, when the client has been trained to perform this function, and when the safety and efficacy of client-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law.

This certification must be based on observation of the client and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained in the client's individual plan of care.

_____ Other supervisory arrangements

(Specify): _____

_____ Other Service Definition (specify):

r. _____ Adult Residential Care. (Check all that apply.)

_____ Adult Foster Care. Personal care and services, attendant care and companion services provided in a licensed (where applicable) private home by a principal care provider who lives in the home. Adult foster care is furnished to 1 or 2 adults who receive these services in conjunction with residing in the home. The total number of individuals (including clients) living in the home, who are unrelated to the principal care provider, cannot exceed 4 (or a lower number as provided by State law). Separate payment will not be made for homemaker or chore services furnished to an individual receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

_____ Assisted Living. Personal care and services, homemaker, chore, attendant care,

companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a licensed community care facility, in conjunction with residing in the facility. This service includes 24 hour on site response staff to meet scheduled or unpredictable needs and to provide supervision of safety and security. Other individuals or agencies may also furnish care directly, or under arrangement with the community care facility, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it.

Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms as well as bedrooms. Living units may be locked at the discretion of the client except when a physician or mental health professional has certified in writing that the client is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer -driven to the maximum extent possible, and treat each person with dignity and respect.

Assisted Living services may also include (check all that apply):

- ☐ Home Health Care
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Medication Administration
- ☐ Intermittent Skilled Nursing Services
- ☐ Transportation specified in the plan of care
- ☐ Other (specify): _____

However, nursing and skilled therapy services are incidental, rather than integral

to the provision of assisted living services. Payment will not be made for 24-hour skilled nursing care or supervision. FFP is not available in the cost of room and board furnished in conjunction with residing in an assisted living facility.

___ Other service definition (specify): _____

Payments for adult residential care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep, and improvement. Payment for adult residential care services does not include payments made, directly or indirectly, to members of the recipient's immediate family. The methodology by which payments are calculated and made is described in Appendix G.

- s. X Other waiver services which are cost-effective and necessary to prevent institutionalization (specify):

X Home Delivered Meal Service: The Home Delivered Meal Service is designed to promote adequate nutrition for the waiver participant through the provision and home delivery of one (1) or two (2) meals per day. The need for this service will be documented in the individual support plan. This service is necessary to prevent institutionalization

X Behavior Consultation/Crisis Management: This service provides direct consultation and clinical evaluation of individuals who are currently experiencing or may be expected to experience, a psychological, behavioral, or emotional crisis. This service may provide training and staff development related to the needs of a recipient. These services also provide for emergency back-up involving the direct support of the individual in crisis.

X Adult Day Care: A supervised, structured day program, outside the home of the participant or provider, that offers one (1) or more of a variety of social, recreational, health activities, supervision for safety, and assistance with activities of daily living. These activities need to be identified on the Individual Support Plan.

- t. _____ Extended State plan services:

The following services, available through the approved State plan, will be provided, except that the limitations of amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached. Documentation of the extent of

service(s) and cost-effectiveness are demonstrated in Appendix G. (Check all that apply):

- ☐ Physician services
- ☐ Home health care services
- ☐ Physical therapy services
- ☐ Occupational therapy services
- ☐ Speech, hearing and language services
- ☐ Prescribed drugs
- ☐ Other State plan services (specify):

u. ☐ Services for individuals with chronic mental illness, consisting of (check one):

☐ Day treatment or other Partial hospitalization services (Check one):

☐ Services that are necessary for the diagnosis or treatment of the individual's mental illness. These services consist of the following elements:

- a. Individual and group therapy with physicians or psychologist (or other mental health professionals to the extent authorized under State law),
- b. occupational therapy, requiring the skills of a qualified occupational therapist,
- c. services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness,
- d. drugs and biologicals furnished for therapeutic purposes,
- e. individual activity therapies that are not primarily recreational or diversionary,

- f. family counseling (the primary purpose of which is treatment of the individual's condition).
- g. training and education of the individual (to the extent that training and educational activities are closely and clearly related to the individual's care and treatment), and
- h. diagnostic services

Meals and transportation are excluded from reimbursement under this service. The purpose of this service is to maintain the individual's condition and functional level and to prevent relapse or hospitalization.

_____ Other service definition (Specify): _____

_____ Psychosocial rehabilitation services (Check one):

_____ Medical or remedial services recommended by a physician or other licensed practitioner under State law, for the maximum reduction of physical or mental disability and the restoration of maximum functional level. Specific services include the following:

- a. restoration and maintenance of daily living skills (grooming, personal hygiene, cooking, nutrition, health and mental health education, medication management, money management and maintenance of the living environment):
- b. social skills training in appropriate use of community services;
- c. development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention, rather than diversion); and

d. telephone monitoring and counseling services.

The following are specifically excluded from Medicaid payment for psychosocial rehabilitation services:

- a. vocational services
- b. prevocational services
- c. supported employment services, and
- d. room and board.

_____ Other service definition (Specify):

_____ Clinic services (whether or not furnished in a facility) are services defined in 42 CFR 440.90.

Check one:

_____ This service is furnished only on the premises of a clinic.

_____ Clinic services provided under this waiver may be furnished outside the clinic facility. Services may be furnished in the following locations (Specify):

APPENDIX B-2

PROVIDER QUALIFICATIONS

A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administration Code are referenced by citation. Standards not addressed under uniform State citation are attached.

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Respite Care	Residential Habilitation Agencies Individual Practitioners		IDAPA 16.0417	<p>ALL STANDARDS ARE CONTAINED IN IDAPA 16.03.09143</p> <p>Providers must meet the qualifications prescribed for the type of services to be rendered, i.e., Residential Habilitation providers, and</p> <p>Have received care giving instructions in the needs of the person who will be provided the service; and</p> <p>Demonstrate the ability to provide services according to an individual support plan; have good communication and interpersonal skills and the ability to deal effectively, assertively and cooperatively with a variety of people; and</p> <p>Be willing to accept training and supervision; and</p> <p>Be free of communicable diseases.</p>
Residential Habilitation	Residential Habilitation Agencies		IDAPA 16.0417	<p>Be at least 18 years of age; be a high school graduate or have a GED or demonstrate the ability to provide services according to an individual support plan; have current CPR and First Aid certifications; be free from communicable diseases; pass a</p>

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
	Independent providers- must affiliate with an agency for oversight, training and QA.			<p>criminal background check; participate in an orientation program prior to performing services (orientation will include the purpose and philosophy of services, service regulations, policies and procedures, proper conduct in relating to waiver participants, and handling of confidential and emergency situations that involve the waiver participant); have successfully completed training in the following areas or through previous experience demonstrates competency as stipulated in writing by the employer: hygiene, infectious diseases, rights of persons with disabilities to autonomy and self-determination, rights of residential habilitation providers, rights, penalties, detection and reporting pertaining to sexual, psychological, and physical abuse and neglect of waiver participants. The provider agency will be responsible for provider training specific to the needs of the recipient. Additional training requirements may include: instructional technology, behavior technology, feeding, communication/sign language, mobility, administration of medications, activities of daily living, body mechanics and lifting techniques, housekeeping techniques and maintenance of a clean, safe, and healthy environment. Residential habilitation providers who conduct skills training must meet the following minimum qualifications: be a qualified mental retardation professional; pass a criminal background check.</p> <p>Other Standards: performance of tasks specified in the individual support plan which require certification or licensure will be performed by appropriately certificated or licensed personnel.</p>

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Supported Employment	Employment Service Providers			Be accredited by the Commission on Accreditation of Rehabilitation Facilities; or, Rehabilitation Services Accreditation System (RSAS).
Environmental accessibility adaptations	General Construction Contractors			Must be done under permit, if required. (ACCESS Unit verifies when permits are required). Must demonstrate that all modifications, improvements or repairs are made in accordance with local and state housing and building codes
Skilled Nursing	Residential Habilitation Agencies Independent Home Health	Registered Nurse; Practical Nurse		
Transportation	Agencies Individual			Must have a current driver's license and liability insurance.
Specialized Medical Equipment & Supplies	Agencies			All devices must meet Underwriter's Laboratory, FDA, or Federal Communication Commission standards where applicable and other applicable state and local requirements for certification and be enrolled in the Medicaid program as a participating specialized medical equipment vendor.

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Chore Services	Cleaning Company Individual			Skilled in the type of service to be provided; demonstrate the ability to provide services according to an individual support plan.
Personal Emergency Response System	Specialty Companies			Demonstrate that the devices installed in waiver participants' homes need Federal Communications Standards or Underwriter's Laboratory standards or equivalent standards. Monitoring must be performed by a trained professional.
Home Delivered Meals	Community Non-profit Agencies that deliver meals to homebound individuals			Provide assurances that each meal meets one third of the Recommended Dietary Allowance as defined by the Food and Nutrition Board of the National Research Council or meets physician ordered individual therapeutic diet requirements; maintain Registered Dietitian documented review and approval of menus, menu cycles and any changes or substitutes; must provide assurances that the meals are delivered on time and demonstrate the ability to deliver meals of minimum of three days per week; maintain documentation reflecting the meals delivered are nutritionally balanced and made from the highest U.S.D.A. Grade for each specific food served; provide documentation of current driver's licenses for each driver; must be inspected and licensed as a food establishment by the District Health Department.

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Behavior Consultation/ Crisis Management	Residential Habilitation Agency Individual Practitioner	Psychiatrist Licensed Pharmacist Licensed Psychologist Licensed Nurse		Clinical evaluation and consultation, training and staff development: Master's Degree in behavioral science such as social work, psychology, psychosocial rehabilitation counseling, licensed psychiatric nursing, or a closely related course of study; licensed pharmacist; qualified mental retardation professional. Individual's providing clinical evaluation and consultation and/or training and staff development must work under the direct supervision of a licensed psychologist or PH.D in Special Education, with training and experience in treating severe behavior problems and training and experience in applied behavior analysis. This service also provides for emergency technician services for direct support of a recipient in crisis, in addition to the primary care giver. Emergency intervention tech; meet minimum provider qualifications under Residential Habilitation service
Adult Day Care	Developmental Disabilities Agencies Residential Habilitation Agencies Certified Family Homes		IDAPA 16.03.09	Providers must develop and follow a written admission policy. Facilities and staff must meet the requirements as a certified family home, a residential/assisted living facility, a nursing home facility or a DD agency which is operating in compliance with the rules and regulations established by Idaho Administrative Code for the above described facilities.

B. ASSURANCE THAT REQUIREMENTS ARE MET

The State assures that the standards of any State licensure of certification requirements are met for services of for individuals furnishing services that are provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this appendix, tabbed and labeled with the name of the service(s) to which they apply.

When the qualifications of providers are set forth in State of Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

D. FREEDOM OF CHOICE

State assures that each individual found eligible for the waiver will be given free choice of all qualified providers of each service included in his or her written plan of care.

APPENDIX B-3
KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES

KEYS AMENDMENT ASSURANCE:

The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

APPLICABILITY OF KEYS AMENDMENT STANDARDS

Check one:

 Home and community-based services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

X A copy of the standards applicable to each type of facility identified above is maintained by the Medicaid agency.

SECTION 1915(c) WAIVER FORMAT**APPENDIX C-Eligibility and Post-Eligibility****Appendix C-1--Eligibility****MEDICAID ELIGIBILITY GROUPS SERVED**

Individuals receiving services under this waiver are eligible under the following eligibility group(s) in your State plan. The State will apply all applicable FFP limits under the plan. **(Check all that apply.)**

1. ☐ Low income families with children as described in section 1931 of the Social Security Act.
2. ☐ SSI recipients (SSI Criteria States and 1634 States).
3. ☐ Aged, blind or disabled in 209(b) States who are eligible under § 435.121 (aged, blind or disabled who meet requirements that are more restrictive than those of the SSI program).
4. ☐ Optional State supplement recipients
5. ☐ Optional categorically needy aged and disabled who have income at (Check one):
 - a. ☐ 100% of the Federal poverty level (FPL)
 - b. ☐ % Percent of FPL which is lower than 100%.
6. ☒ The special home and community-based waiver group under 42 CFR 435.217 (Individuals who would be eligible for Medicaid if they were in an institution, who have been determined to need home and community-based services in order to remain in the community, and who are covered under the terms of this waiver).

Spousal impoverishment rules are used in determining eligibility for the special home and community-based waiver group at 42 CFR 435.217.

☒ A. Yes ☐ B. No

Check one:

- a. ☐ The waiver covers all individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community; or
- b. ☒ Only the following groups of individuals who would be eligible for Medicaid if they were

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in a medical institution and who need home and community-based services in order to remain in the community are included in this waiver: (check all that apply):

(1) X A special income level equal to:

X 300% of the SSI Federal benefit (FBR)

 % of FBR, which is lower than 300% (42 CFR 435.236)

\$ which is lower than 300%

(2) Aged, blind and disabled who meet requirements that are more restrictive than those of the SSI program. (42 CFR 435.121)

(3) Medically needy without spend down in States which also provide Medicaid to recipients of SSI. (42 CFR 435.320, 435.322, and 435.324.)

(4) Medically needy without spend down in 209(b) States.
(42 CFR 435.330)

(5) Aged and disabled who have income at:

a. 100% of the FPL

b. % which is lower than 100%.

(6) Other (Include statutory reference only to reflect additional groups included under the State plan.)

7. Medically needy (42 CFR 435.320, 435.322, 435.324 and 435.330)

8. Other (Include only statutory reference to reflect additional groups under your plan that you wish to include under this waiver.)

Appendix C-2--Post-Eligibility

GENERAL INSTRUCTIONS

ALL Home and Community-Based waiver recipients found eligible under 435.217 are subject to post-eligibility calculations.

Eligibility and post-eligibility are two separate processes with two separate calculations. Eligibility determines whether a person may be served on the waiver. Post-eligibility determines the amount (if any) by which Medicaid reduces its payment for services furnished to a particular individual. By doing so, post-eligibility determines the amount (if any) for which an individual is liable to pay for the cost of waiver services.

An eligibility determination (and periodic redetermination) must be made for each person served on the waiver.

Post-eligibility calculations are made ONLY for persons found eligible under §435.217.

Post-eligibility determinations must be made for all groups of individuals who would be eligible for Medicaid if they were in a medical institution and need home and community-based services in order to remain in the community (§435.217). For individuals whose eligibility is not determined under the spousal rules (§1924 of the Social Security Act), the State must use the regular post-eligibility rules at 435.726 and 435.735. However, for persons found eligible for Medicaid using the spousal impoverishment rules, the State has two options concerning the application of post-eligibility rules:

OPTION 1: The State may use the post-eligibility (PE) rules under 42 CFR §435.726 and §435.735 just as it does for other individuals found eligible under §435.217 or;

OPTION 2: it may use the spousal post-eligibility rules under §1924.

REGULAR POST-ELIGIBILITY RULES--§435.726 and §435.735

- o The State must provide an amount for the maintenance needs of the individual. This amount must be based upon a reasonable assessment of the individual's needs in the community.
- o If the individual is living with his or her spouse, or if the individual is living in the community and the spouse is living at home, the State must protect an additional amount for the spouse's maintenance. This amount is limited by the highest appropriate income standard for cash assistance, or the medically needy standard. The State may choose which standard to apply.
- o If the individual's spouse is not living in the individual's home, no maintenance amount is protected for that spouse's needs.

- o If other family members are living with the individual, an additional amount is protected for their needs. This amount is limited by the AFDC need standard for a family of the same size or by the appropriate medically needy standard for a family of the same size. The State may choose which standard to apply.

SPOUSAL POST-ELIGIBILITY--§1924

When a person who is eligible as a member of a 42 CFR 435.217 group has a community spouse, the State may treat the individual as if he or she is institutionalized and apply the post-eligibility rules of §1924 of the Act (protection against spousal impoverishment) instead of the post-eligibility rules under 42 CFR 435.726 and 435.735. The §1924 post-eligibility rules provide for a more generous community spouse and family allowance than the rules under 42 CFR 435.726 and 435.735. Spousal impoverishment post-eligibility rules can only be used if the State is using spousal impoverishment eligibility rules.

The spousal protection rules also provide for protecting a personal needs allowance (PNA) "described in §1902(q)(1)" for the needs of the institutionalized individual. This is an allowance which is reasonable in amount for clothing and other personal needs of the individual . . . while in an institution." For institutionalized individuals this amount could be as low as \$30 per month. Unlike institutionalized individuals whose room and board are covered by Medicaid, the personal needs of the home and community-based services recipient must include a reasonable amount for food and shelter as well as for clothing. The \$30 PNA is not a sufficient amount for these needs when the individual is living in the community.

Therefore, States which elect to treat home and community-based services waiver participants with community spouses under the §1924 spousal impoverishment post-eligibility rules must use as the personal needs allowance either the maintenance amount which the State has elected under 42 CFR 435.726 or 42 CFR 435.735, or an amount that the State can demonstrate is a reasonable amount to cover the individual's maintenance needs in the community.

POST ELIGIBILITY**REGULAR POST ELIGIBILITY**

1. X **SSI State.** The State is using the post-eligibility rules at 42 CFR 435.726. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

A. § 435.726 --States which **do not use more restrictive** eligibility requirements than SSI.

a. Allowances for the needs of the

1. individual: (Check one):

A. X The following standard included under the State plan (check one):

(1)___ SSI

(2)___ Medically needy

(3)___ The special income
level for the institutionalized

(4)___ The following percent of the Federal poverty
level):___%

(5) X Other (specify):
 300% of SSI

B. ___ The following dollar amount:
\$ ___ *

* If this amount changes, this item will be revised.

C. ___ The following formula is used to determine the needs allowance:

Note: If the amount protected for waiver recipients in item 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under 42 CFR 435.217, **enter NA in items 2. and 3.** following.

2. spouse only (check one):

A. ☐ SSI standard

B. ☐ Optional State supplement standard

C. ☐ Medically needy income standard

D. ☐ The following dollar amount:
\$ _____*

* If this amount changes, this item will be revised.

E. ☐ The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.

F. ☐ The amount is determined using the following formula:

G. ☒ Not applicable (N/A)

3. Family (check one):

A. ☒ AFDC need standard

B. ☐ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C. ☐ The following dollar amount:
\$ _____*

*If this amount changes, this item will be revised.

D. ☐ The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.

E. ☐ The amount is determined using the following formula:

F. ☐ Other

G. ☐ Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.726.

POST-ELIGIBILITY**REGULAR POST ELIGIBILITY**

1.(b)___ **209(b) State, a State that is using more restrictive eligibility requirements than SSI.** The State is using the post-eligibility rules at 42 CFR 435.735. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

B. **42 CFR 435.735**--States **using more restrictive** requirements than SSI.

(a) Allowances for the needs of the

1. individual: (check one):

A. ___ The following standard included under the State plan (check one):

(1)___ SSI

(2)___ Medically needy

(3)___ The special income
level for the institutionalized

(4)___ The following percentage of
the Federal poverty level:___%

(5)___ Other (specify):

B. ___ The following dollar amount:
\$ ___ *

* If this amount changes, this item will be revised.

C. ___ The following formula is used to determine the amount:

Note: If the amount protected for waiver recipients in 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under §435.217, **enter NA in items 2. and 3.** following.

2. spouse only (check one):

A.____ The following standard under 42 CFR 435.121:

B.____ The medically needy income standard_____;

C.____ The following dollar amount:
\$_____*

* If this amount changes, this item will be revised.

D.____ The following percentage of the following standard that is not greater than the standards above:_____ % of

E.____ The following formula is used to determine the amount:

F.____ Not applicable (N/A)

3. family (check one):

A.____ AFDC need standard

B.____ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C.____ The following dollar amount:
\$_____*

* If this amount changes, this item will be revised.

D.____ The following percentage of the following standard that is not greater than the standards above: ____% of ____standard.

E.____ The following formula is used to determine the amount:

F.____ Other

G.____ Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.735.

POST ELIGIBILITY**SPOUSAL POST ELIGIBILITY**

2. X The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(A) Allowance for personal needs of the individual:
(check one)

- (a)___ SSI Standard
- (b)___ Medically Needy Standard
- (c)___ The special income level for the institutionalized
- (d)___ The following percent of the Federal poverty level:
____%
- (e)___ The following dollar amount
\$ ____**

**If this amount changes, this item will be revised.

(f)___ The following formula is used to determine the needs allowance:

(g) X Other (specify):
300% of the SSI Standard

If this amount is different from the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community.

APPENDIX D

Assessment Instruments

Comprehensive Assessment

Purpose: The initial comprehensive assessment is the collection of in-depth information about an applicant's health, current situation, and ability to function which allows for the identification of the person's strengths, desires and choices, and needs in the major life functioning areas. It is broadly based in that it covers a wide range of functional areas, and it is comprehensive in that it closely examines each area of functioning. It identifies the services and help currently provided by informal and formal supports and the need for additional services and supports. The results of the comprehensive assessment will be the basis for determination of eligibility for waiver services and the development of the Individual Support Plan.

Process:

- 1.** The regional ACCESS Unit with the assistance of the case manager will be responsible for gathering all required materials comprising the comprehensive assessment. The case manager may complete the functional assessment.
- 2.** The initial comprehensive assessment will include the following materials or documents, at a minimum:
 - a)** A functional assessment which is one of the following assessment instruments or an equivalent assessment instrument approved by the Department of Health & Welfare: Inventory for Client and Agency Planning; Comprehensive Assessment Program Planning System; Woodcock-Johnson, Scales of Independent Behavior; Adaptive Behavior Scale, Residential and Community; AAMR Diagnosis, Classification, and Systems of Support.
 - b)** A written narrative - medical, physical, and social history.
 - c)** Specialized assessments (Medical, behavioral, mobility, etc.) as necessary.

ENTRANCE PROCEDURES AND REQUIREMENTS

APPENDIX D-1

a. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

b. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (check all that apply):

☐ Discharge planning team

☐ Physician (M.D. or D.O.)

☐ Registered Nurse, licensed in the State

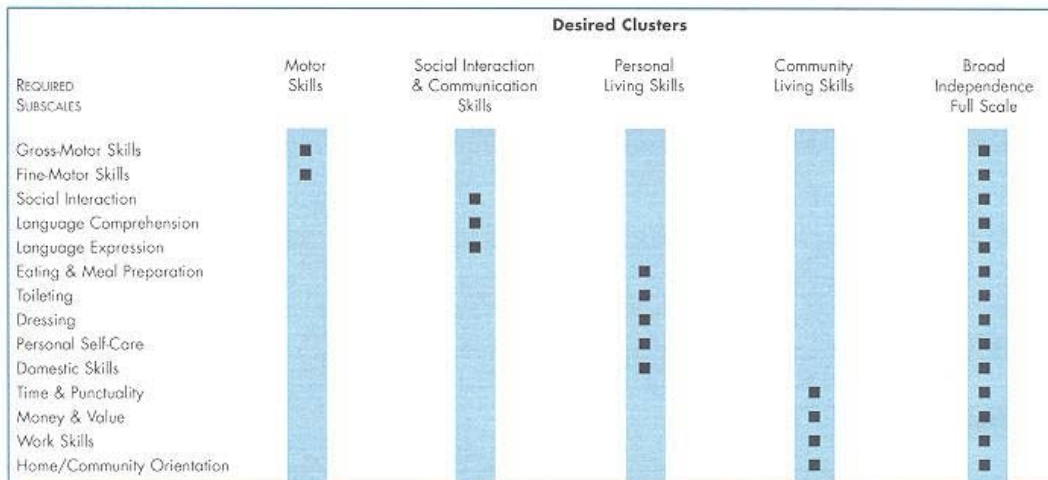
☐ Licensed Social Worker

☐ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

☒ Other (specify): **An interdisciplinary team (i.e. the Regional Access to Care Coordination, Evaluation, and Services and Supports (ACCESS Unit) , which includes at a minimum a registered nurse from the regional Medicaid services and a qualified mental retardation professional from the regional Adult ACCESS unit.**

ADAPTIVE BEHAVIOR

Selective Testing



Suggested Starting Points

The following suggested starting points are guides for minimizing testing time for the interview-administration procedure. To use this table, begin by estimating the age level at which the individual is functioning *developmentally*. Then identify the suggested starting points from the table below.

	Estimated Developmental Age			
	Preschool-Kindergarten	Elementary School	Middle School	High School-Adult
	Item			
Subscale A: Gross-Motor Skills	1	5	10	10
Subscale B: Fine-Motor Skills	1	5	10	10
Subscale C: Social Interaction	1	5	10	10
Subscale D: Language Comprehension	1	5	10	10
Subscale E: Language Expression	1	5	10	10
Subscale F: Eating & Meal Preparation	1	1	10	10
Subscale G: Toileting	1	5	10	10
Subscale H: Dressing	1	5	10	10
Subscale I: Personal Self-Care	1	1	5	10
Subscale J: Domestic Skills	1	1	5	5
Subscale K: Time & Punctuality	1	1	5	10
Subscale L: Money & Value	1	1	5	5
Subscale M: Work Skills	1	1	5	5
Subscale N: Home/Community Orientation	1	1	5	5

Basal Rule	Begin testing at the suggested starting point. If three out of the first five items administered are not scored 3, return to the starting point and test backward until three out of five consecutive items have been scored 3 or until Item 1 has been administered. Return to the highest item administered.
Ceiling Rule	Test until three out of five consecutive items are scored 0 or until the last item in the subscale has been administered.

ADAPTIVE BEHAVIOR

Calculation of Cluster W Scores

Motor Skills	Social Interaction & Communication	Personal Living	Community Living	Broad Independence
A <input type="text"/> W	C <input type="text"/> W	F <input type="text"/> W	K <input type="text"/> W	MS <input type="text"/> W
B <input type="text"/> W	D <input type="text"/> W	G <input type="text"/> W	L <input type="text"/> W	SC <input type="text"/> W
	E <input type="text"/> W	H <input type="text"/> W	M <input type="text"/> W	PL <input type="text"/> W
		I <input type="text"/> W	N <input type="text"/> W	CL <input type="text"/> W
		J <input type="text"/> W		
Total = 2 = <input type="text"/> MS W	Total = 3 = <input type="text"/> SC W	Total = 5 = <input type="text"/> PL W	Total = 4 = <input type="text"/> CL W	Total = 4 = <input type="text"/> BI W

Calculation of Cluster RMIs, SSs, and PRs

Motor Skills	Social Interaction & Communication Skills	Personal Living Skills	Community Living Skills	Broad Independence (Full Scale)
MS W <input type="text"/> - REF W <input type="text"/> = <input type="text"/> F SEM(SS) <input type="text"/> F Column +DIFF -DIFF = <input type="text"/> F DIFF <input type="text"/> + OR - RMI <input type="text"/> /90 SS <input type="text"/> G -1 SEM <input type="text"/> to <input type="text"/> +1 SEM PR <input type="text"/> G Skill Level Appendix C	SC W <input type="text"/> - REF W <input type="text"/> = <input type="text"/> F SEM(SS) <input type="text"/> F Column +DIFF -DIFF = <input type="text"/> F DIFF <input type="text"/> + OR - RMI <input type="text"/> /90 SS <input type="text"/> G -1 SEM <input type="text"/> to <input type="text"/> +1 SEM PR <input type="text"/> G Skill Level Appendix C	PL W <input type="text"/> - REF W <input type="text"/> = <input type="text"/> F SEM(SS) <input type="text"/> F Column +DIFF -DIFF = <input type="text"/> F DIFF <input type="text"/> + OR - RMI <input type="text"/> /90 SS <input type="text"/> G -1 SEM <input type="text"/> to <input type="text"/> +1 SEM PR <input type="text"/> G Skill Level Appendix C	CL W <input type="text"/> - REF W <input type="text"/> = <input type="text"/> F SEM(SS) <input type="text"/> F Column +DIFF -DIFF = <input type="text"/> F DIFF <input type="text"/> + OR - RMI <input type="text"/> /90 SS <input type="text"/> G -1 SEM <input type="text"/> to <input type="text"/> +1 SEM PR <input type="text"/> G Skill Level Appendix C	BI W <input type="text"/> - REF W <input type="text"/> = <input type="text"/> F SEM(SS) <input type="text"/> F Column +DIFF -DIFF = <input type="text"/> F DIFF <input type="text"/> + OR - RMI <input type="text"/> /90 SS <input type="text"/> G -1 SEM <input type="text"/> to <input type="text"/> +1 SEM PR <input type="text"/> G Skill Level Appendix C

Broad Cognitive Ability Score (optional)

<input type="checkbox"/> WJR	<input type="checkbox"/> Batería-R						
<input type="checkbox"/> E Dev	<input type="checkbox"/> Std	<input type="checkbox"/> Est	/ /	SS	-SEM	to	+SEM
Date of Testing							AE PR

ADAPTIVE BEHAVIOR/A. Gross-Motor

Instructions

- Mark how well the individual does (or could do) each task completely without any help or supervision.
- If you have not seen the individual do the task (or if he or she never has the chance to do the task), mark how well you think he or she could do the task now (without any help).
- Mark the highest rating (3: Does very well) for tasks that are now too easy for the individual.

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Sits without support for 30 seconds with head and back held straight and steady.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Stands for at least 5 seconds by holding on to furniture or other objects.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Pulls self into a standing position.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Hands toys or other objects to another person.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Stands alone and walks for at least 6 feet.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Kicks a ball or object that is not moving without falling.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Walks up and down stairs by alternating feet from step to step (may hold handrail).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Climbs a 6-foot ladder (for example, to a slide or to an attic).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Uses pedals to ride a tricycle or three-wheeled bicycle.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Picks up and carries a full bag of groceries at least 20 feet and sets it down.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Pours liquid into a glass from a pitcher or bottle.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Walks on a narrow surface (for example, a curb, railroad track, or line) for at least 10 feet without stepping off.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Catches a bounced tennis-size ball with two hands (that is, the ball is not caught against the body).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Rides a two-wheeled bicycle for at least 20 feet.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Jumps rope at least 10 times without missing.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Pounds a nail in straight with a hammer.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Does at least 6 push-ups.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Paints the inside walls and trim around windows and doors.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Takes part in strenuous physical activities on a regular basis that require strength or endurance (for example, weight-lifting, running at least 3 miles, or swimming at least $\frac{1}{2}$ mile).

Sum A Sum B Sum C Sum A + Sum Bx2 + Sum Cx3 = Row Score GROSS-MOTOR

A. Are there any skills in using large muscles that should be improved at this time? _____

B. Fine-Motor/ADAPTIVE BEHAVIOR

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked

2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 0 | 1 | 2 | 3 | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Picks up small objects with hand. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Transfers small objects from one hand to the other hand. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Puts small objects into containers and takes them out again. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Scribbles or marks with a pencil or crayon on a sheet of paper. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Removes wrappings from small objects such as gum or candy. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Turns knob and opens a door. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Turns at least 10 pages of a book, one at a time. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Copies a circle from an example. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Cuts with scissors along a thick, straight line. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Prints first name, copying from an example. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Joins and pulls up a separating zipper to fasten clothes. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Colors outline pictures of animals, staying inside the lines. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. Cuts with scissors along straight and curved lines. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Folds a letter into three equal sections and seals it in an envelope. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Replaces small screws, nuts, and washers that have fallen out of an object (for example, an appliance or toy). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Trims fingernails with a nail clipper or scissors. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. Threads a sewing needle. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. Assembles objects that have at least 10 small parts that must be screwed or bolted together (for example, unassembled toys or furniture). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 19. Sews missing or loose buttons on clothing. |

Sum A

Sum B

Sum C

Sum A

+

Sum Bx2

+

Sum Cx3

=

Raw Score

FINE-MOTOR

B. Are there any skills requiring coordination of eyes and hands that should be improved at this time? _____

ADAPTIVE BEHAVIOR/C. Social Interaction

Does (or could do) task completely without help or supervision:

- 0 — NEVER OR RARELY—even if asked
 1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked
 2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked
 3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 1. Reaches for a person whom he or she wants. |
| 0 | 1 | 2 | 3 | 2. Treats at least two people outside the family as friends, different from strangers. |
| 0 | 1 | 2 | 3 | 3. Imitates actions when asked, such as waving or clapping hands. |
| 0 | 1 | 2 | 3 | 4. Rolls a ball or plays other simple games with another person. |
| 0 | 1 | 2 | 3 | 5. Takes part in simple group games and social activities (for example, playing tag follow-the-leader). |
| 0 | 1 | 2 | 3 | 6. Says, "Please" and "Thank you" when appropriate. |
| 0 | 1 | 2 | 3 | 7. Waits at least 2 minutes for turn in a group activity (for example, taking turns at batting a ball or waiting in line for a drink of water). |
| 0 | 1 | 2 | 3 | 8. Talks about the same things that others in a group are talking about. |
| 0 | 1 | 2 | 3 | 9. Offers help to other people (for example, holds a door open for one whose arms are full or picks up an object dropped by someone else). |
| 0 | 1 | 2 | 3 | 10. Asks for food to be passed. |
| 0 | 1 | 2 | 3 | 11. Uses a napkin to keep hands and face clean while eating. |
| 0 | 1 | 2 | 3 | 12. Says, "Hello" or shakes hands when being introduced. |
| 0 | 1 | 2 | 3 | 13. Covers the mouth or nose when coughing or sneezing. |
| 0 | 1 | 2 | 3 | 14. Plays table or card games with others by the rules (for example, Hearts or Rummikub). |
| 0 | 1 | 2 | 3 | 15. Locates or remembers telephone numbers and calls friends on the telephone. |
| 0 | 1 | 2 | 3 | 16. Plans for and entertains others at home (including providing food, beverage, and materials for activities). |
| 0 | 1 | 2 | 3 | 17. Uses facts to explain or defend a position in a disagreement without losing temper. |
| 0 | 1 | 2 | 3 | 18. Makes plans with friends to attend activities such as movies or special events outside the home (without needing permission). |

Sum A + Sum Bx2 + Sum Cx3 = Raw Score SOCIAL INTERACT

C. Are there any social skills that should be improved at this time? _____

D. Language Comprehension/ADAPTIVE BEHAVIOR

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked

2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 0 | 1 | 2 | 3 | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Turns head toward speaker when name is called. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Watches, for at least 3 minutes at a time, a television program or people in the room who are talking. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Points to familiar pictures in a book on request. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Follows simple spoken directions (for example, "Put your coat in the closet," or "Put the book on the table"). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Follows two-part directions in the right order after they are spoken once (for example, "Hang up your coat and then find the book"). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Identifies his or her printed first name from a group of four or more names (for example, on lockers or above coat hooks). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Responds appropriately to most common signs, printed words, or symbols (for example, STOP, MEN, WOMEN, or DANGER). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Summarizes and tells a story so that it is understood by someone else (for example, a TV program or a movie). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Follows all four parts of a spoken instruction (for example, "Put the tablecloth, dishes, and glasses on the table and fill the glasses with water"). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Reads and understands materials such as books, comics, or magazines. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Reads tags, labels, or markings on hangers to find clothing of the correct size in a store. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Answers a telephone call and writes down a message for someone who is not there. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. Finds a telephone number in the white pages. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Looks up needed information in reference sources such as a dictionary or an encyclopedia. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Summarizes the detailed information presented in a $\frac{1}{2}$ hour speech or lecture. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Uses a ticket to find a reserved seat in an auditorium or airplane. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. Locates needed information in the telephone yellow pages or the want ads. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. Reads one or more articles in a regular newspaper at least weekly. |

Sum A Sum B Sum C

Sum A + Sum Bx2 + Sum Cx3 = Row Score LANGUAGE COMPREHENSION

D. Are there any skills in understanding language that should be improved at this time? _____

ADAPTIVE BEHAVIOR/E. Language Expression

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Makes sounds or gestures to get attention.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Looks for at least 10 seconds toward people who are talking to one another.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Shakes head or otherwise indicates "yes" or "no" in response to a simple question such as, "Do you want some milk?"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Repeats three common words presented one at a time, such as "cat," "dog," and
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Names three familiar objects such as cup, bed, and ball.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Says at least 10 words that can be understood by someone who knows him or her
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Asks simple questions (for example, "What's that?").
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Speaks in three- or four-word sentences.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Says last name when asked.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Uses complex sentences containing "because" (for example, "I'm not going outside today because it's raining").
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Prints or writes first and last name correctly without an example.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Prints or writes complete and correct home address (including ZIP code) without an example.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Introduces people to each other using their first and last names.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Calls directory assistance to get a telephone number he or she does not know.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Fills out forms and orders things by mail from a catalog.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Calls a repair service or the landlord if something major such as the furnace or the refrigerator breaks down in the home.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Completes written application forms for credit, bank accounts, or contract services.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Excluding school assignments, makes oral reports to groups (for example, clubs, Scouts, community meetings, or sales presentations).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Excluding school assignments, writes formal reports to be read by others (for example, meeting minutes, newsletter articles, or committee reports).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Explains the terms of a written contract such as an installment purchase agreement.

Sum A

Sum B

Sum C

Sum A

+

Sum Bx2

+

Sum Cx3

=

Raw Score

LANGUAGE
EXPRESSION

E. Are there any skills in talking or writing that should be improved at this time?

F. Eating & Meal Preparation/ADAPTIVE BEHAVIOR

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

0

1

2

3

☐☐☐☐

1. Swallows soft foods.

☐☐☐☐

2. Picks up and eats foods such as crackers.

☐☐☐☐

3. Holds and drinks from a glass with little spilling.

☐☐☐☐

4. Eats solid foods with a spoon with little spilling.

☐☐☐☐

5. Eats with a fork by spearing the food when appropriate.

☐☐☐☐

6. Eats soup with a spoon with little spilling.

☐☐☐☐

7. Tests cooked foods that are hot before eating them.

☐☐☐☐

8. Takes appropriate-size portions from serving dishes.

☐☐☐☐

9. Prepares snacks that do not require cooking such as sandwiches or a bowl of cereal.

☐☐☐☐

10. Cuts food with a knife instead of trying to eat pieces that are too large.

☐☐☐☐

11. Opens cans with little spilling using a can opener.

☐☐☐☐

12. Mixes and cooks simple foods such as scrambled eggs, soup, or hamburgers.

☐☐☐☐

13. Uses the burners on an electric or gas stove.

☐☐☐☐

14. Puts leftover food in wrap or containers before putting it away.

☐☐☐☐15. Mixes and cooks a recipe that contains 6 ingredients and requires measuring fractions (for example, $\frac{1}{2}$ teaspoon or $\frac{1}{3}$ cup).☐☐☐☐

16. Prepares shopping list for at least 6 items from a grocery store.

☐☐☐☐

17. Plans, prepares, and serves a complete meal for more than two people.

☐☐☐☐

18. Makes new meals out of leftover food.

☐☐☐☐

19. Plans and prepares meals regularly for self and family.

Sum A

Sum B

Sum C

Sum A

Sum Bx2

Sum Cx3

Raw Score

EATING & MEAL
PREPARATION

F. Are there skills in eating or meal preparation that should be improved at this time?

ADAPTIVE BEHAVIOR/G. Toileting

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked

2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 0 | 1 | 2 | 3 | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Shows some sign of discomfort if wet or soiled. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Stays dry for at least 3 hours. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Uses the toilet at regular times when placed on the toilet or a toilet chair or when taken to the bathroom. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Controls bowels during the day. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Tells or indicates to someone when he or she needs help to go to the bathroom. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Responds "yes" or "no" or nods head truthfully when asked, "Do you need to go to the toilet?" |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Goes to the bathroom alone and uses the toilet when sent at regular times. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Controls bowels and bladder in the daytime with fewer than two accidents per month. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Uses the toilet, including removing and replacing clothing, with no more than one accident per month. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Stays dry at night with no more than one accident per month. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Wipes self with toilet paper after a bowel movement. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Flushes the toilet after going to the bathroom. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. Closes the bathroom door when appropriate before using the toilet. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Uses the toilet before going someplace where it is not easy to locate a toilet. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Finds or asks where the bathroom is in another home (without the assistance of parents). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Finds and uses the men's or women's restroom in an unfamiliar public building (without the assistance of parents). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. Independently replaces an emptied roll of toilet paper. |

Sum A

Sum B

Sum C

Sum A

+

Sum Bx2

+

Sum Cx3

=

Raw Score

TOILETING

G. Are there any toileting skills that should be improved at this time? _____

H. Dressing/ADAPTIVE BEHAVIOR

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 0 | 1 | 2 | 3 | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Holds out arms and legs while being dressed. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Removes socks. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Removes pants and underpants. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Puts on pants and underpants. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Puts on T-shirt or pullover shirt, although it may be on backward. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Removes T-shirt or pullover shirt. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Puts shoes on the correct feet but does not need to tie the laces. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Puts gloves on correct hands and fingers. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Buttons clothing using the correct buttonholes. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Selects and puts on a complete set of clothing that is appropriate to wear around the home. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Turns clothing right side out for dressing. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Selects the right clothing for different weather conditions. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. Ties shoelaces and keeps them tied. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Dresses neatly and selects clothes that go together with regard to color and pattern. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Selects and buys appropriate size and style of clothing. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Repairs minor damage to clothing, such as tears or missing buttons, or arranges for these repairs outside the home. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. Presses out wrinkles in clothing with an iron. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. Alters clothing (for example, shortens or lengthens pants or skirt) or arranges for the alterations outside the home. |

Sum A

Sum B

Sum C

Sum A

+

Sum Bx2

+

Sum Cx3

=

Row Score

DRESSING

H. Are there any dressing skills that should be improved at this time?

ADAPTIVE BEHAVIOR/I. Personal Self-Care

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{2}$ of the time—may need to be asked

2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 0 | 1 | 2 | 3 | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Holds hands under running water to wash them when placed in front of a sink. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Places a toothbrush in mouth and moves it. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Wipes face when given a wet washcloth. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Wipes or blows nose with a tissue or handkerchief. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Applies toothpaste and brushes teeth, then rinses mouth and toothbrush. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Dries entire body after bathing. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Changes clothing that is dirty from normal wear. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Adjusts the water faucets for proper temperature in the bathtub or shower. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Washes, rinses, and dries hair. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Cleans and puts a bandage/adhesive strip on minor cuts. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Closes curtains or blinds for privacy. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Cleans fingernails when needed. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. Selects and buys needed personal-care items such as toothpaste and soap. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Takes and reads own temperature when feeling ill. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Calls a doctor or clinic when ill, recognizing the need himself or herself. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Makes appointments for periodic medical or dental examinations. |

Sum A

Sum B

Sum C

Sum A

+

Sum Bx2

+

Sum Cx3

=

Raw Score

PERSONAL
SELF-CARE

I. Are there any skills in personal self-care or grooming that should be improved at this time? _____

J. Domestic Skills/ADAPTIVE BEHAVIOR

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{2}$ of the time—may need to be asked2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 0 | 1 | 2 | 3 | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Places his or her empty dish in or near the sink. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Cleans a counter or table with a damp cloth or sponge. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Clears table completely by taking dishes and silverware to the kitchen or sink. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Wipes dirty shoes off on a doormat before going into a home. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Puts personal belongings in proper places when not in use (for example, does not leave clothes in the living room). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Removes garbage and trash from within home to its proper place. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Cleans carpet with a vacuum cleaner or carpet sweeper. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Sweeps floor with a broom and uses a dustpan. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Washes and dries dishes and puts them away. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Makes a bed, including changing sheets when needed. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Rinses or wipes the sink or bathtub after use. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Performs simple household maintenance tasks (for example, replacing light bulbs or repairing broken items with tape or glue). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. Sets a thermostat at a comfortable temperature. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Loads and operates a washing machine using an appropriate setting and amount of detergent. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Cleans refrigerator and throws out foods that may be spoiled. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Replaces fuses or resets circuit breakers, if needed, when the lights go out. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. Selects appropriate housing by evaluating cost, location, space, appearance, and comfort. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. Performs interior and exterior maintenance jobs (for example, painting or replacing broken windows). |

Sum A

Sum B

Sum C

Sum A

+

Sum Bx2

+

Sum Cx3

=

Raw Score

DOMESTIC SKILLS

J. Are there any home skills that should be improved at this time? _____

ADAPTIVE BEHAVIOR/K. Time & Punctuality

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 0 | 1 | 2 | 3 | 1. Uses the words "morning" and "night" correctly. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Points to any number from 1 to 5 when asked. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Points to all numbers from 1 to 12 when asked. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Leaves a building if an alarm rings or if there is smoke. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Locates the current day and month on a calendar that contains all 12 months (for example, when told, "Show me today's date on the wall calendar"). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Looks at a clock (digital or one with hands) to determine when it is time to do so (for example, to go to school or work, to eat, or to be home). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Contacts people outside the home at appropriate times (for example, not during usual sleeping hours). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Names the days of the week and the months of the year in correct order. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. States day, month, and year of birth. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. States the months in which Thanksgiving and Christmas or Hanukkah occur. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. States the time on a clock with hands to within 15 minutes. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Uses a watch or a clock daily to do something at the correct time (for example, catch a bus or watch a TV program). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. States the time on a clock with hands to the nearest minute (for example, 8:13). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Arrives at or slightly before the correct time for scheduled activities (for example appointments, school, work, or special events). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Sets the hands on a watch or clock to the correct time. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Returns within 5 minutes of the right time when told, "Be back in 15 minutes." |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. Sets a timer to ring when food will be done. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. Writes down, if necessary, and keeps appointments made at least 3 days in advance. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 19. Writes scheduled events on a monthly calendar (for example, a doctor's appointment). |

Sum A

Sum B

Sum C

Sum A

+

Sum Bx2

+

Sum Cx3

=

Raw Score

TIME & PUNCTUALITY

K. Are there any skills in understanding time or being on time that should be improved at this time? _____

L. Money & Value/ADAPTIVE BEHAVIOR

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

0

1

2

3

☐☐☐☐

1. Counts from 1 to 5.

☐☐☐☐

2. Saves small amounts of money in a special place (for example, a toy bank).

☐☐☐☐

3. Selects pennies, nickels, or dimes from other coins when asked.

☐☐☐☐

4. Trades valued objects for money or for other items of value.

☐☐☐☐

5. Buys items that cost at least 50¢ from a vending machine that gives change.

☐☐☐☐

6. Buys specific items requested on an errand, although may not count change correctly.

☐☐☐☐

7. Judges how many items he or she can buy in a store with a given amount of money (for example, candy or gifts).

☐☐☐☐

8. Gives the exact amount of money to buy something that costs less than \$1.

☐☐☐☐

9. Purchases the less expensive of two products of equal quality.

☐☐☐☐

10. Budgets money to cover expenses for at least 1 week (for example, for recreation, transportation, and other needs).

☐☐☐☐

11. Saves sales receipts to secure a refund or replacement.

☐☐☐☐

12. Makes purchases of \$50 or more after comparing at least two products to determine the better value.

☐☐☐☐

13. Writes deposit and withdrawal slips for banking.

☐☐☐☐

14. Tips the appropriate amount for good services.

☐☐☐☐

15. Makes deposits at least monthly in a savings account or program.

☐☐☐☐

16. Makes purchases with a check.

☐☐☐☐

17. Receives bills in the mail and pays them before they are overdue.

☐☐☐☐

18. Purchases with a credit card, or has loans, and makes payments in a timely manner.

☐☐☐☐

19. Balances own checkbook monthly.

☐☐☐☐

20. Invests savings to achieve the most favorable conditions and rate of return.

Sum A

Sum B

Sum C

Sum A

+

Sum Bx2

+

Sum Cx3

=

Raw Score

MONEY
& VALUE

L. Are there any skills in using money or understanding value that should be improved at this time? _____

ADAPTIVE BEHAVIOR/M. Work Skills

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Selects one object from a group of different objects on request (for example, when working or playing with two or more different objects, hands a box to a person who says, "Give me the box"). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Indicates when a chore or assigned task is finished. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Performs work tasks for at least 5 minutes without stopping (for example, sorting objects by size or color or packing boxes). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Requests tools or work materials from an appropriate person when needed. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Counts at least 50 objects without stopping (may use an aid such as a pencil or counter). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Tries to improve performance when told that his or her work is not good. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Increases work speed, when necessary or desirable, to finish a routine job in less time than usual. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Works at a steady pace on a job for at least 30 minutes (for example, clearing tables, cleaning a building, or doing yard work). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Maintains steady work speed and quality under pressure to produce (for example, completing homework in a limited time or working while being observed by a supervisor). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Continues working when there are distractions in the work setting. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Measures a length of 4 feet or more to the nearest $\frac{1}{2}$ inch. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Operates potentially dangerous electrical hand tools and appliances with moving part (for example, a drill or food mixer). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. Accepts criticism of a job without showing anger. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Talks with other workers only when it does not interrupt work. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Works at a steady pace on a task for at least 2 hours. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Discusses criticism with a work supervisor. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. Informs employer in advance when he or she is unable to work (for example, when ill or because of a problem with transportation). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. Uses want ads or employment services, if needed, when seeking work for pay. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 19. Completes applications and interviews for jobs. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 20. Prepares a written summary of work experience. |

Sum A Sum B Sum C

Sum A + Sum Bx2 + Sum Cx3 = Raw Score WORK SKILLS

M. Are there any work habits or prevocational skills that should be improved at this time? _____

N. Home/Community Orientation/ADAPTIVE BEHAVIOR

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about $\frac{1}{4}$ of the time—may need to be asked2 — DOES FAIRLY WELL—or about $\frac{3}{4}$ of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 0 | 1 | 2 | 3 | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Finds toys or objects that are always kept in the same place. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Finds own way to a specified room when told to go (for example, "Go wait in the kitchen"). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Stays in an unfenced yard for 10 minutes without wandering away. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Goes alone or with friends of the same age to houses on the same block. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Crosses nearby residential streets, roads, and unmarked intersections alone. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Goes at least 4 blocks (or $\frac{1}{4}$ mile) from home, school, or work alone or with friends of the same age. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Goes on foot or bicycle to a familiar place more than $\frac{1}{2}$ mile (or 8 blocks) from home. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Finds planned destination, when confused, by asking directions, telephoning for help, or otherwise regaining direction. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Gives directions to help someone else find his or her way to a place at least $\frac{1}{2}$ mile away. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Carries identification (ID) and some money when leaving home. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Obtains services at a post office (for example, buying stamps and mailing packages). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Rides public transportation other than a school bus, including paying the fare and getting directions if necessary. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. Reaches unfamiliar locations in a city or town with the use of a map. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Locates his or her polling center at election time. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Drives a motorized vehicle on public streets or roads (alone or with a licensed driver). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Checks into a motel or hotel and pays the room charges. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. Makes reservations and buys tickets for travel in advance. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. Finds skilled help (for example, a dentist, plumber, or mechanic) in an unfamiliar place and makes arrangements for services. |

Sum A Sum B Sum C

Sum A + Sum Bx2 + Sum Cx3 = Raw Score HOME/COMMUNITY ORIENTATION

N. Are there any skills in getting around in the neighborhood or finding his/her way to new places that should be improved at this time?

Primary Training Objective

Of the adaptive behavior skills you have identified (A–N), which one would you most like to see improved? _____

Is there anyone else who could give more information about (name)'s skills? _____

does not exhibit problem behaviors in a category, check "No" and score the item "Never" (0) for frequency and "Not serious" severity. If you check "Yes," describe the major problem and check its frequency and severity.

1. Hurtful to Self

Does (name) injure his/her own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching self?

☐ NO

☐ YES If yes, describe the MAJOR PROBLEM:

a. FREQUENCY: How often does this behavior usually occur? (check one)

- ☐ 0. Never
☐ 1. Less than once a month
☐ 2. One to 3 times a month
☐ 3. One to 6 times a week
☐ 4. One to 10 times a day
☐ 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- ☐ 0. Not serious; not a problem
☐ 1. Slightly serious; a mild problem
☐ 2. Moderately serious; a moderate problem
☐ 3. Very serious; a severe problem
☐ 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

2. Hurtful to Others

Does (name) cause physical pain to other people or to animals—for example, by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object?

☐ NO

☐ YES If yes, describe the MAJOR PROBLEM:

a. FREQUENCY: How often does this behavior usually occur? (check one)

- ☐ 0. Never
☐ 1. Less than once a month
☐ 2. One to 3 times a month
☐ 3. One to 6 times a week
☐ 4. One to 10 times a day
☐ 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- ☐ 0. Not serious; not a problem
☐ 1. Slightly serious; a mild problem
☐ 2. Moderately serious; a moderate problem
☐ 3. Very serious; a severe problem
☐ 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

3. Destructive to Property

Does (name) deliberately break, deface, or destroy things—for example, by hitting, tearing or cutting, throwing, burning, marking or scratching things?

☐ NO

☐ YES If yes, describe the MAJOR PROBLEM:

a. FREQUENCY: How often does this behavior usually occur? (check one)

- ☐ 0. Never
☐ 1. Less than once a month
☐ 2. One to 3 times a month
☐ 3. One to 6 times a week
☐ 4. One to 10 times a day
☐ 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- ☐ 0. Not serious; not a problem
☐ 1. Slightly serious; a mild problem
☐ 2. Moderately serious; a moderate problem
☐ 3. Very serious; a severe problem
☐ 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

4. Disruptive Behavior

Does (name) interfere with the activities of others—for example, by hitting, pestering or teasing, arguing or complaining, picking fighting or crying without reason, interrupting, or yelling or screaming?

☐ NO

☐ YES If yes, describe the MAJOR PROBLEM:

a. FREQUENCY: How often does this behavior usually occur? (check one)

- ☐ 0. Never
☐ 1. Less than once a month
☐ 2. One to 3 times a month
☐ 3. One to 6 times a week
☐ 4. One to 10 times a day
☐ 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- ☐ 0. Not serious; not a problem
☐ 1. Slightly serious; a mild problem
☐ 2. Moderately serious; a moderate problem
☐ 3. Very serious; a severe problem
☐ 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

PROBLEM BEHAVIOR

5. Unusual or Repetitive Habits

Does [name] have any unusual behaviors that he/she may do over and over—for example, pacing, rocking, twirling fingers, sucking hands or objects, twitching (nervous tics), talking to self, grinding teeth, eating dirt or other objects, eating too much or too little, staring at an object or into space, or making odd faces or noises?

☐ NO

☐ YES If yes, describe the MAJOR PROBLEM: _____

a. FREQUENCY: How often does this behavior usually occur? (check one)

- ☐ 0. Never
☐ 1. Less than once a month
☐ 2. One to 3 times a month
☐ 3. One to 6 times a week
☐ 4. One to 10 times a day
☐ 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- ☐ 0. Not serious; not a problem
☐ 1. Slightly serious; a mild problem
☐ 2. Moderately serious; a moderate problem
☐ 3. Very serious; a severe problem
☐ 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

6. Socially Offensive Behavior

Does [name] behave in ways that are offensive to others—for example, talking too loudly, swearing or using vulgar language, lying, standing too close or touching others too much, threatening, talking nonsense, spitting at others, picking nose, belching, expelling gas, touching genitals, or urinating in inappropriate places?

☐ NO

☐ YES If yes, describe the MAJOR PROBLEM: _____

a. FREQUENCY: How often does this behavior usually occur? (check one)

- ☐ 0. Never
☐ 1. Less than once a month
☐ 2. One to 3 times a month
☐ 3. One to 6 times a week
☐ 4. One to 10 times a day
☐ 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- ☐ 0. Not serious; not a problem
☐ 1. Slightly serious; a mild problem
☐ 2. Moderately serious; a moderate problem
☐ 3. Very serious; a severe problem
☐ 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

7. Withdrawal or Inattentive Behavior

Does [name] have difficulty being around others or paying attention—for example, keeping away from other people, expressing unusual fears, showing little interest in activities, appearing sad & worried, showing little concentration on a task, sleeping too much or talking negatively about self?

☐ NO

☐ YES If yes, describe the MAJOR PROBLEM: _____

a. FREQUENCY: How often does this behavior usually occur? (check one)

- ☐ 0. Never
☐ 1. Less than once a month
☐ 2. One to 3 times a month
☐ 3. One to 6 times a week
☐ 4. One to 10 times a day
☐ 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- ☐ 0. Not serious; not a problem
☐ 1. Slightly serious; a mild problem
☐ 2. Moderately serious; a moderate problem
☐ 3. Very serious; a severe problem
☐ 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

8. Uncooperative Behavior

Does [name] have any behavior that is uncooperative—for example, refusing to obey, do chores, or follow rules; acting defiantly or pouting; refusing to attend school or go to work; arriving late at school or work; refusing to take turns or share; cheating; stealing; or breaking laws?

☐ NO

☐ YES If yes, describe the MAJOR PROBLEM: _____

a. FREQUENCY: How often does this behavior usually occur? (check one)

- ☐ 0. Never
☐ 1. Less than once a month
☐ 2. One to 3 times a month
☐ 3. One to 6 times a week
☐ 4. One to 10 times a day
☐ 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- ☐ 0. Not serious; not a problem
☐ 1. Slightly serious; a mild problem
☐ 2. Moderately serious; a moderate problem
☐ 3. Very serious; a severe problem
☐ 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

Which problem behavior causes the most concern? _____

Is there anyone else who could give more information about the behavior? _____

11

MALADAPTIVE BEHAVIOR WORKSHEET

Instructions

- Step 1. Transfer the frequency and severity ratings for each of the eight problem behavior categories to the corresponding line in the Problem Behavior column.
- Step 2. Circle the Part Score (PS) corresponding to each of the individual's Frequency and Severity ratings.
- Step 3. Circle the Part Score corresponding to the individual's age in years.
- Step 4. Total the circled Part Scores for each index and record in the space labeled "Sum."
- Step 5. Subtract this sum from 100 to obtain the Maladaptive Index. Indicate a "+" or "-" with the difference as appropriate.
- Step 6. Transfer these scores to the Maladaptive Behavior Indexes Profile on page 26.

Interpretation

The indexes have a mean of zero for normal clients of the same age. Negative scores indicate problem behavior toward the maladaptive end of the scale. The typical standard deviation observed in various clinical samples at several age levels is 10 points. Nonhandicapped groups typically have standard deviations of about 8 points. Evaluating the clinical significance of the Maladaptive Behavior Indexes may be aided by using the levels of seriousness in the following table. These levels of seriousness also appear at the bottom of the Maladaptive Behavior Indexes Profile on page 26.

Level of Seriousness	Index Value
N—Normal	+10 to -10
MgS—Marginally Serious	-11 to -20
MdS—Moderately Serious	-21 to -30
S—Serious	-31 to -40
VS—Very Serious	-41 and below

Problem Behavior

1. Hurtful to Self	Rating:
Frequency rating _____	PS: _____
Severity rating _____	PS: _____
2. Hurtful to Others	Rating:
Frequency rating _____	PS: _____
Severity rating _____	PS: _____
3. Destructive to Property	Rating:
Frequency rating _____	PS: _____
Severity rating _____	PS: _____
4. Disruptive Behavior	Rating:
Frequency rating _____	PS: _____
Severity rating _____	PS: _____
5. Unusual or Repetitive Habits	Rating:
Frequency rating _____	PS: _____
Severity rating _____	PS: _____
6. Socially Offensive Behavior	Rating:
Frequency rating _____	PS: _____
Severity rating _____	PS: _____
7. Withdrawal or Inattentive Behavior	Rating:
Frequency rating _____	PS: _____
Severity rating _____	PS: _____
8. Uncooperative Behavior	Rating:
Frequency rating _____	PS: _____
Severity rating _____	PS: _____

STEP 1

STEP 3

STEP 4

STEP 5

Part Scores for Age in Years	Age: _____
Individual's Age _____	PS: _____

Sum of Part Scores

Maladaptive Behavior Indexes

MALADAPTIVE BEHAVIOR WORKSHEET

STEP 2

Part Scores for Frequency and Severity Ratings

Asocial Maladaptive Index						Externalized Maladaptive Index						General Maladaptive Index					
												0	1	2	3	4	5
												6	7	7	8	9	10
												6	7	8	10	11	—
						0	1	2	3	4	5	0	1	2	3	4	5
						15	17	19	22	24	26	6	7	8	10	11	12
						15	18	21	24	27	—	6	7	9	11	13	—
						0	1	2	3	4	5	0	1	2	3	4	5
						15	17	20	23	25	28	6	7	9	10	12	13
						15	18	22	25	29	—	6	8	10	12	14	—
						0	1	2	3	4	5	0	1	2	3	4	5
						15	16	18	19	21	22	6	6	7	8	9	10
						15	17	20	22	25	—	6	7	9	10	12	—
												0	1	2	3	4	5
												6	6	6	7	7	8
												6	7	7	8	9	—
0	1	2	3	4	5							0	1	2	3	4	5
23	25	27	30	32	34							6	6	7	8	9	9
23	26	30	33	36	—							6	7	8	9	10	—
												0	1	2	3	4	5
												6	6	7	7	8	8
												6	7	8	9	10	—
0	1	2	3	4	5							0	1	2	3	4	5
23	26	28	31	33	35							6	7	8	8	9	11
23	27	30	34	37	—							6	7	8	10	11	—
1-7	8-10	11-12	13-15	1-6	7-10	11	12-13	1-7	8-11	12-13	14	15+					
0	1	2	3	0	1	2	3	0	1	2	3	4					
16-18	19-21	22+	14-15	16	17-18	19+											
4	5	6	4	5	6	7											
100						100						100					
- _____ SUM						- _____ SUM						- _____ SUM					
<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> + or -						<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> + or -						<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> + or -					
Asocial Maladaptive Index						Externalized Maladaptive Index						General Maladaptive Index					

INDIVIDUAL PLAN RECOMMENDATIONS

Name _____

Grade/Program Placement _____

Teacher/Department _____

Service Goals

1. Individual Interests, Preferences, and Strengths

2. Service Needs and Agency Responsibilities

3. Recommended Services

- Daily Living Skills: _____
- Education/Employment: _____
- Community/Leisure: _____
- Health and Therapeutic: _____
- Residential Living: _____
- Further Evaluation: _____
- Other: _____

INDIVIDUAL

Annual Goals/Objectives

■ To improve independent motor skills

Evaluation Criteria:

Gross-Motor: _____

Fine-Motor: _____

■ To improve independent social and communication skills

Evaluation Criteria:

Social Interaction: _____

Language Comprehension: _____

Language Expression: _____

■ To improve independent personal living skills

Evaluation Criteria:

Eating: _____

Toileting: _____

Dressing: _____

Self-Care: _____

Domestic Skills: _____

■ To improve independent community living skills

Evaluation Criteria:

Time/Punctuality: _____

Money/Value: _____

Work Skills: _____

Home/Community: _____

■ To decrease problem behaviors

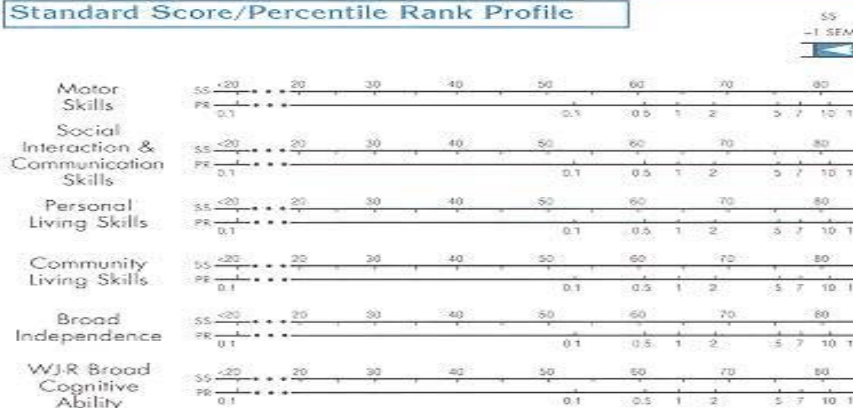
Evaluation Criteria:

TEST SCORING TABLES

H. Dressing			I. Personal Self-Care			J. Domestic Skills			K. Time & Punctuality			L. Money & Value			M. Work Skills		
Raw Score	W	AE	Raw Score	W	AE	Raw Score	W	AE	Raw Score	W	AE	Raw Score	W	AE	Raw Score	W	AE
0	381	<0.8	0	420	<0.9	0	452	<1.8	0	398	<2.4	0	433	<1.10	0	432	<1.0
1	390	0.8	1	429	0.9	1	462	1.8	1	408	2.4	1	441	1.10	1	441	1.0
2	397	0.10	2	434	0.11	2	466	2.2	2	414	2.10	2	447	2.4	2	447	1.3
3	401	0.11	3	438	1.1	3	472	2.7	3	420	3.2	3	451	2.8	3	452	1.6
4	406	1.1	4	441	1.3	4	475	3.0	4	425	3.6	4	454	2.11	4	456	1.9
5	412	1.3	5	444	1.4	5	477	3.3	5	429	3.8	5	458	3.4	5	460	2.0
6	419	1.6	6	447	1.6	6	479	3.8	6	434	4.0	6	460	3.7	6	463	2.3
7	425	1.8	7	449	1.7	7	481	4.0	7	438	4.2	7	463	4.0	7	466	2.6
8	429	1.10	8	452	1.9	8	482	4.3	8	442	4.5	8	465	4.4	8	468	2.9
9	433	2.0	9	454	1.11	9	484	4.9	9	445	4.8	9	467	4.8	9	471	3.2
10	436	2.1	10	457	2.2	10	485	5.0	10	449	4.11	10	469	5.2	10	473	3.7
11	439	2.3	11	459	2.5	11	486	5.4	11	453	5.2	11	471	5.6	11	475	4.0
12	441	2.4	12	461	2.7	12	487	5.10	12	457	5.6	12	473	5.10	12	477	4.7
13	443	2.6	13	464	3.0	13	489	6.10	13	460	5.8	13	475	6.1	13	479	5.2
14	445	2.7	14	466	3.4	14	490	7.3	14	463	5.11	14	477	6.4	14	481	5.6
15	447	2.8	15	469	3.5	15	491	7.8	15	465	6.1	15	480	6.8	15	483	5.11
16	449	2.9	16	471	4.0	16	492	8.2	16	467	6.2	16	482	7.0	16	484	6.1
17	451	2.11	17	473	4.4	17	493	8.6	17	468	6.3	17	485	7.7	17	486	6.5
18	453	3.0	18	474	4.6	18	494	8.10	18	470	6.5	18	487	8.0	18	487	6.7
19	455	3.2	19	477	5.3	19	495	9.2	19	471	6.6	19	490	8.6	19	488	6.9
20	456	3.3	20	479	5.10	20	496	9.6	20	472	6.7	20	492	8.9	20	489	6.11
21	458	3.4	21	480	6.2	21	497	10.0	21	473	6.8	21	494	9.1	21	490	7.2
22	459	3.5	22	482	6.9	22	498	10.5	22	474	6.9	22	496	9.6	22	491	7.4
23	461	3.7	23	483	7.1	23	499	10.10	23	475	6.10	23	498	9.11	23	492	7.7
24	462	3.8	24	484	7.4	24	500	11.3	24	476	6.11	24	499	10.3	24	493	7.10
25	464	3.10	25	486	7.10	25	501	11.7	25	477	7.0	25	501	11.0	25	494	8.2
26	465	3.11	26	487	8.1	26	502	11.11	26	478	7.1	26	503	11.8	26	495	8.5
27	467	4.1	27	489	8.6	27	503	12.3	27	479	7.2	27	504	12.0	27	496	8.9
28	468	4.2	28	490	8.8	28	504	12.7	28	480	7.3	28	506	12.7	28	497	9.1
29	469	4.3	29	492	9.2	29	505	12.10	29	481	7.4	29	507	12.10	29	497	9.1
30	471	4.6	30	493	9.6	30	506	13.1	30	482	7.6	30	508	13.1	30	498	9.6
31	472	4.7	31	494	9.7	31	507	13.4	31	483	7.7	31	510	13.7	31	499	9.11
32	474	4.10	32	496	10.2	32	508	13.7	32	484	7.9	32	511	13.9	32	500	10.5
33	476	5.0	33	497	10.10	33	509	13.10	33	485	7.10	33	512	14.0	33	501	10.10
34	477	5.2	34	498	10.10	34	510	14.1	34	486	7.11	34	514	14.5	34	502	11.4
35	479	5.5	35	499	10.10	35	511	14.4	35	487	8.1	35	515	14.8	35	503	11.8
36	481	5.8	36	500	11.4	36	512	14.7	36	488	8.2	36	516	14.10	36	503	11.8
37	483	5.11	37	501	11.7	37	513	14.7	37	489	8.4	37	517	15.1	37	504	12.0
38	486	6.6	38	502	11.8	38	514	15.2	38	490	8.6	38	518	15.4	38	505	12.4
39	488	7.2	39	503	12.2	39	515	15.6	39	491	8.7	39	519	15.7	39	506	12.8
40	491	8.4	40	504	12.7	40	516	16.2	40	492	8.9	40	520	15.10	40	507	13.0
41	495	9.7	41	505	13.3	41	517	16.7	41	493	9.4	41	521	16.2	41	508	13.3
42	499	10.9	42	506	13.8	42	518	17.0	42	494	9.6	42	522	16.6	42	509	13.6
43	503	11.8	43	507	14.1	43	519	17.4	43	495	9.9	43	524	17.5	43	510	13.9
44	506	12.4	44	508	14.4	44	520	17.4	44	496	9.6	44	525	17.11	44	511	14.0
45	510	13.2	45	509	14.7	45	521	18.6	45	497	9.9	45	526	18.6	45	512	14.3
46	513	13.9	46	510	15.1	46	522	18.6	46	498	10.0	46	527	18.11	46	513	14.6
47	516	14.5	47	511	15.4	47	523	19.6	47	499	10.4	47	528	19	47	514	14.8
48	519	15.2	48	512	15.11	48	524	20	48	500	10.8	48	529	20	48	515	14.11
49	521	15.8	49	513	15.4	49	525	21	49	501	11.3	49	530	21	49	516	15.2
50	524	16.7	50	514	15.7	50	526	22	50	502	11.7	50	531	21	50	517	15.4
51	528	18.8	51	515	16.1	51	527	23	51	503	12.3	51	533	23	51	518	15.7
52	533	22	52	516	16.4	52	528	24	52	504	12.7	52	535	25	52	520	16.2
53	540	28	53	517	16.7	53	529	27	53	505	13.6	53	537	27	53	522	17.1
54	552	53.88	54	518	17.1	54	530	28	54	506	14.6	54	541	33	54	524	18.5
			55	520	17.4	55	531	29	55	507	15.7	55	547	51	55	527	21
			56	521	17.7	56	532	30	56	508	16.2	56	548	52	56	531	22
			57	522	18.0	57	533	31	57	509	16.7	57	549	53	57	535	24
			58	523	18.3	58	534	32	58	510	17.2	58	550	54	58	540	27
			59	524	18.6	59	535	33	59	511	17.7	59	551	55	59	544	29
			60	525	18.9	60	536	34	60	512	18.2	60	552	56	60	548	31
			61	526	19.2	61	537	35	61	513	18.7	61	553	57	61	551	33
			62	527	19.5	62	538	36	62	514	19.2	62	554	58	62	554	35
			63	528	19.8	63	539	37	63	515	19.7	63	555	59	63	557	37
			64	529	20.1	64	540	38	64	516	20.2	64	556	60	64	560	39
			65	530	20.4	65	541	39	65	517	20.7	65	557	61	65	563	41
			66	531	20.7	66	542	40	66	518	21.2	66	558	62	66	566	43
			67	532	21.0	67	543	41	67	519	21.7	67	559	63	67	569	45
			68	533	21.3	68	544	42	68	520	22.2	68	560	64	68	572	47
			69	534	21.6	69	545	43	69	521	22.7	69	561	65	69	575	49
			70	535	21.9	70	546	44	70	522	23.2	70	562	66	70	578	51
			71	536	22.2	71	547	45	71	523	23.7	71	563	67	71	581	53
			72	537	22.5	72	548	46	72	524	24.2	72	564	68	72	584	55
			73	538	22.8	73	549	47	73	525	24.7	73	565	69	73	587	57
			74	539	23.1	74	550	48	74	526	25.2	74	566	70	74	590	59
			75	540	23.4	75	551	49	75	527	25.7	75	567	71	75	593	61
			76	541	23.7	76	552	50	76	528	26.2	76	568	72	76	596	63
			77	542	24.0	77	553	51	77	529	26.7	77	569	73	77	599	65
			78	543	24.3	78	554	52	78	530	27.2	78	570	74	78	602	67
			79	544	24.6	79	555	53	79	531	27.7	79	571	75	79	605	69
			80	545	24.9	80	556	54	80	532	28.2	80	572	76	80	608	71
			81	546	25.2	81	557	55	81	533	28.7	81	573	77	81	611	73
			82	547	25.5	82	558	56	82	534	29.2	82	574	78	82	614	75
			83	548	25.8	83	559	57	83	535	29.7	83	575	79	83	617	77
			84	549	26.1	84	560	58	84	536	30.2	84	576	80	84	620	79
			85	550	26.4	85											

PROFILES

Standard Score/Percentile Rank Profile



Maladaptive Behavior Indexes Profile (Plot indexes from:

Instructions

1. Record scores for each of the Maladaptive Behavior Indexes from pp. 20-21 in column a. Record the "+" or "-" as appropriate.
2. Subtract the SEM in column b from each score in column a, and record this difference in column c.
3. Add the SEM in column b to each score in column a, and record the sum in column d.
4. Draw a bar in the plot below from the -1SEM value (c) to the +1SEM value (d) for each index.
5. Draw a vertical line through the profile at the point corresponding to the GMI score in column a.

		Very Serious (-41 and below)					Serious (-40 to -31)	
Internalized (IMI)		-70	-65	-60	-55	-50	-45	-40
Asocial (AMI)		-70	-65	-60	-55	-50	-45	-40
Externalized (EMI)		-70	-65	-60	-55	-50	-45	-40
General (GMI)		-70	-65	-60	-55	-50	-45	-40

Support Score

Instructions

1. Record the Broad Independence W Score here: _____
2. Record the General Maladaptive Index (pg. 21) here: _____
3. Utilizing these two numbers, obtain the corresponding Support Score from Table I and record it here: _____
4. Using the table at the right, locate this individual's Support Level and record it here: _____

Do these SIB-R results provide a fair representation of this individual's
If not, what is the reason for questioning the results? _____

APPENDIX D-2

a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the recipient will take place (at a minimum) according by the following schedule (specify):

- ___ every 3 months
- ___ every 6 months
- X every 12 months
- ___ other (specify):

b. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

X The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.

___ The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care. (Specify.)

- ___ Physician (M.D. or D.O.)
- ___ Registered Nurse, licensed in the State
- ___ Licensed Social Worker
- ___ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)
- ___ Other (specify):

c. PROCEDURES TO ENSURE TIMELY REEVALUATIONS

The State will employ the following procedures to ensure timely reevaluations of level of care (check all that apply):

- X "Tickler" file (maintained by the Regional Access Unit)
- X Edits in computer system
- X Component part of case management
- ___ Other (specify):

APPENDIX D-3

a. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following locations (check all that apply):

☐ By the Medicaid agency in its central office

☐ By the Medicaid agency in district/local offices

By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program

☐ By the case managers

By the person(s) or agencies designated as responsible for the performance of evaluations and reevaluations

☐ By service providers

☒ Other (specify: **Records will be maintained by the regional ACCESS Unit.**)

2. Written documentation of all evaluations and reevaluations will be maintained as described in this appendix for a minimum period of 3 years.

b. COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

A copy of the written assessment instrument(s) to be used in the evaluation and reevaluation of a recipient's need for a level of care indicated in item 2 of this request is attached to this Appendix.

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

Check one:

☒ The process for evaluating and screening diverted individuals is the same as that used for deinstitutionalized persons.

☐ The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized person. Attached is a description of the process used for evaluating and screening diverted individuals.

APPENDIX D-4

a. FREEDOM OF CHOICE AND FAIR HEARING

1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the recipient or his or her legal representative will be:
 - a. informed of any feasible alternatives under the waiver; and
 - b. given the choice of either institutional or home and community-based services.
2. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to beneficiaries who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice or the provider(s) of their choice.
3. The following are attached to this Appendix:
 - a. A copy of the form(s) used to document freedom of choice and to offer a fair hearing;
 - b. A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver;
 - c. A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services; and
 - d. A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

b. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:

The Individual Support Plan which documents freedom of choice is maintained in the following locations:

- 1.) in the recipient's residence;**
- 2) in the recipient's file in the regional ACCESS Unit; and**
- 3. in the recipient's file maintained by the case manager.**

Fair Hearing Request

SHADED AREAS FOR DEPT USE ONLY

Region _____ Field Office

Date Received

Idaho Department of Health and Welfare
**ELIGIBILITY APPLICATION FOR ADULTS
WITH DEVELOPMENTAL DISABILITIES**Name _____ SSN _____
Address _____ DOB _____
_____ Telephone _____

Current Living Arrangement

Referral Source, if other than self

Medicaid Eligible? ☐ No ☐ Yes If Yes, Medicaid Number

Name of Physician _____ Healthy Connections # _____ (if any)

What services are you seeking?

☐ Targeted Service Coordination ☐ HCBS-DD Waiver ☐ Developmental Services
☐ Vocational ☐ ICF/MR ☐ Residential ☐ Evaluation
☐ Other

Guardian (if any) _____ Family (or unpaid advocate)

Address _____ Address _____

Telephone _____ Telephone _____

The following information is needed to determine eligibility. If it does not accompany this application, indicate any existing source. You may be asked for written consent for release of information.

InformationSource/Address

Functional Assessment

Medical/Social History

Psychological Evaluation _____ (may be requested)

Please attach any other information you feel may be helpful in making a determination of developmental disability.

☐ Your application for developmental disabilities eligibility has been: ☐ Approved ☐ Denied
If denied, the reason is:☐ **Your application to develop and Individual Support Plan including HCBS-DD Waiver services is:**☐ Approved ☐ Denied**If denied, the reason is:**

ACCESS Unit Staff Signature _____ Date _____

If you are eligible for and receive Targeted Service Coordination and HCBS-DD Waiver services, a Targeted Service Coordinator will assist you to develop and Individual Support Plan and coordinate services and support.

Notification of your right to appeal this decision and other fair hearing information is on the reverse side of this form.

FAIR HEARING INFORMATION:

Applicants for or recipients of services have a right to a fair hearing any time a decision is made that substantially affects benefits. The applicant or recipient has a right to be represented by legal counsel or any spokesperson he chooses to designate. The client or his representative must request a hearing in writing, stating the reasons for challenging the Department's decision. Hearing requests must be turned in or mailed to the Fair Hearing office at the address below:

Lockwood Law Office
2114 Sherman Ave., Suite 109
Coeur d'Alene, ID 83814-5365

The Idaho Department of Health and Welfare will provide a fair hearing request form when requested by the recipient or a representative. The request for a hearing must be submitted within thirty (30) days from the date the Notice of Decision was mailed by the Department. The Fair Hearing office will notify the recipient or representative of the date, time, and place of the hearing at least seven (7) days before the scheduled hearing. Hearing rights and procedures relating to fair hearings are found at IDAPA 16.05.03.

PRE-HEARING CONFERENCE:

You have the right to request a pre-hearing conference prior to the hearing date. The pre-hearing conference may be used to attempt to informally resolve the dispute or to provide you with information regarding the conduct of a fair hearing. The pre-hearing conference does not delay or replace your fair hearing.

APPENDIX E-1

a. PLAN OF CARE DEVELOPMENT

1. Identify the individuals responsible for the preparation of the plans of care.
 - ☐ Registered nurse, licensed to practice in the State
 - ☐ Licensed practical or Vocational nurse, acting within the scope of practice under State law
 - ☐ Physician (M.D. or D.O.) licensed to practice in the State
 - ☐ Social Worker (qualifications attached to this Appendix)
 - ☒ Case Manager
 - ☐ Other (specify):

2. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify each location where copies of the plans of care will be maintained.
 - ☐ At the Medicaid agency central office
 - ☐ At the Medicaid agency county/regional offices
 - ☒ By case managers
 - ☐ By the agency specified in Appendix A
 - ☒ Other (specify): **the regional ACCESS Unit and the recipient's home**

3. The plan of care is the fundamental tool by which the State will ensure the health and welfare of the recipients. These reviews will take place to determine the appropriateness and adequacy of the services, and to ensure that the services furnished are consistent with the nature and severity of the recipient's disability. The minimum schedule under which these reviews will occur is:
 - ☐ Every 3 months
 - ☐ Every 6 months
 - ☒ Every 12 months
 - ☒ Other (specify): **The case manager and the consumer will discuss the status of the Individual Support Plan in at least one face-to-face contact per month.**

APPENDIX E-2

a. MEDICAID AGENCY APPROVAL

The following is a description of the process by which the plan of care is made subject to the approval of the Medicaid agency:

The Individual Support Plan (ISP) is developed by the ISP team. The ISP team consists of the waiver participant and the case manager, and may include other people identified by the waiver participant, such as:

- a) the waiver participant's family or legal guardian;**
- b) other interested parties/advocates;**
- c) potential providers of waiver services when known;**
- d) when the waiver participant is being discharged from an institution, a representative of the facility from which the person is leaving who is familiar with the individual.**

Efforts will be made to maximize the individual's participation on the ISP team by providing the waiver participant with information and education regarding his/her rights and role.

The case manager will determine the cost of waiver services. Based on the ISP, the case manager will compare the costs of waiver services to the cost cap established by the Department of Health and Welfare.

The case manager will submit the ISP to the ACCESS Unit for authorization and final expenditure approval to ensure cost effectiveness of the ISP.

b. STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE

1. The plan of care will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the type of provider to furnish each service.
2. A copy of the plan of care form to be utilized in this waiver is attached to this Appendix.

HW003 APPENDIX E - PLAN OF CARE

Waiver Participant Yes ___ No ___ Date ISP Completed _____ Initial Plan _____ Annual
Name _____ TSC

ACCESS staff authorization on this page is only prior authorization for TSC, and for DD and ISSH Waiver services, except Specialized Medical Equipment.

Waiver Participant Initials: _____ I have been informed of and understand my choice of waiver services. I choose to receive waiver services rather than to accept placement in an ICF/MR. I understand that I may, at any time, choose facility admission.

Service Type	Service Provider	Proposed Start Date	Units & Frequency of Service (#/day;week;month)	Unit Cost (\$/hr;day)	Daily Cost	Prior Authorization
Waiver:						
					Sub Total	
State Plan:						
					Sub Total	
					Medicaid Total	
Other:						

Authorization is requested for the services listed above by the following people:

PARTICIPANT SIGNATURE:

GUARDIAN SIGNATURE (if any):

SERVICE COORDINATOR SIGNATURE:

DATE: _____ DATE: _____

Waiver Participant Yes ___ No ___ Date ISP Completed _____ Initial Plan _____ Annual

Name _____ TSC

ACCESS staff authorization on this page is only prior authorization for TSC, and for DD and ISSH Waiver services, except Specialized Medical Equipment.

Waiver Participant Initials: _____ I have been informed of and understand my choice of waiver services. I choose to receive waiver services rather than to accept placement in an ICF/MR. I understand that I may, at any time, choose facility admission.

Service Type	Service Provider	Proposed Start Date	Units & Frequency of Service (#/day;week;month)	Unit Cost (\$/hr;day)	Daily Cost	Prior Authorization
Waiver:						
					Sub Total	
State Plan:						
					Sub Total	
					Medicaid Total	
Other:						

Authorization is requested for the services listed above by the following people:

PARTICIPANT SIGNATURE:

GUARDIAN SIGNATURE (if any):

SERVICE COORDINATOR SIGNATURE:

DATE: _____

DATE: _____

DATE: _____

Name

Region _____ Field Office
Date ISP Authorized _____
AU Staff Authorization _____
Date Addendum Authorized _____

Targeted Service Coordinator

Date Addendum Requested _____ Waiver Participant: Yes ____ No

Date of Initial/Annual ISP

Previous Daily Cost _____ New Daily Cost

ACCESS staff authorization on this page is only prior authorization for TSC, and for DD and ISSH Waiver services, except Specialized Medical Equipment.

Service Type	Service Provider	Proposed Start Date	Units of Frequency of Service (#/day;week;month)	Unit Cost (\$/hr;/day)	Daily Cost	Prior Authorization #

Authorization is requested for the services listed above by the following people:

PARTICIPANT SIGNATURE:

GUARDIAN SIGNATURE (if any):

SERVICE COORDINATOR SIGNATURE:

DATE: _____

DATE: _____

DATE: _____

HW0762.1
8/99

**Idaho Department of Health and Welfare
INDIVIDUAL SUPPORT PLAN**

When accompanied by a current Health and Well Being Form and Residential Habilitation Implementation Plan(s), this ISP serves as a Negotiated Service Agreement.

Name _____
Address _____

Telephone _____ Date of Birth _____
Social Security # _____ Medicaid # _____
Guardian (if any) _____ Guardian Address _____
Guardian Phone # _____ Family Contact (if any) _____

Date ISP Completed _____ Initial Plan ____ Annual ____ Addendum ____ Healthy Connections? __ Yes __ No

TSC _____ TSC Address _____ TSC Telephone _____

Community Living Arrangement _____

Region _____ Field Office _____
Date ISP Authorized _____
AU Staff Authorization _____

PERSON CENTERED PLAN PARTICIPANTS

Consumer Signature:

Other Participant Signatures	Relationship to Individual	Other Participant Signatures	Relationship to Individual
		INFORMATION ALSO GATHERED FROM THE FOLLOWING	
		Name	Relationship to Individual

A. What are your dreams for where you live?

SERVICE OR SUPPORT (Paid and Natural)	FREQUENCY	PERSON(S) RESPONSIBLE	ANTICIPATED START DATE	OUTCOME

B. What are your dreams for where you work?

SERVICE OR SUPPORT (Paid and Natural)	FREQUENCY	PERSON(S) RESPONSIBLE	ANTICIPATED START DATE	OUTCOME

C. What are your dreams for your personal life?

SERVICE OR SUPPORT (Paid and Natural)	FREQUENCY	PERSON(S) RESPONSIBLE	ANTICIPATED START DATE	OUTCOME

D. What are your dreams for your life in the community?

SERVICE OR SUPPORT (Paid and Natural)	FREQUENCY	PERSON(S) RESPONSIBLE	ANTICIPATED START DATE	OUTCOME

SERVICE OR SUPPORT (Paid and Natural)	FREQUENCY	PERSON(S) RESPONSIBLE	ANTICIPATED START DATE	COMPLETED

HCBS DD and ISSH Waiver
Cost Effectiveness Worksheet

The Cost Effectiveness Worksheet is required for initial and annual ISPs. It is only required for addendums when the costs of services meet or exceed the cost effectiveness level of the applicable waiver. A copy of a completed Individual Support Plan and Service Authorization form must be maintained in the consumer file and include costs for all services and supports reimbursed by Medicaid, including waiver services and state plan services.

Name: Medicaid Number:

ISP or Addendum Date			
Community Costs			
1. Total All Costs from ISP/SA or Addendum:			
2. Less Contribution:			
3. Program Cost:			
Institutional Costs			
4. Medicaid Program Costs:			
5. Less Available Income, If Any:			
6. Actual Cost to Medicaid in an Institution:			
7. Cost Effective:	Yes___No___Date_____ Signature:	Yes___No___Date_____ Signature:	Yes___No___Date_____ Signature:

APPENDIX F - AUDIT TRAIL

a. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.

2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.

3. Method of payments (check one):

☒ Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

☐ Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.

☐ Payment for waiver services will not be made through an approved MMIS. A description of the process by which payment are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

☐ Other (Describe in detail):

b. BILLING AND PROCESS AND RECORDS RETENTION

1. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:

a. When the individual was eligible for Medicaid wavier payment on the date of service;

b. When the service was included in the approved plan of care;

c. In the case of supported employment, prevocational or education services included as part of habilitation services, when the client was eligible to receive the services, and the services are not available to the client through a program funded under section 602(16) or (17) of the Education of Handicapped Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

☒ yes.

☐ no. These services are not included in the waiver.

2. The following is a description of all records maintained in connection with an audit trail. Check one:

☒ All claims are processed through an approved MMIS.

_____MMIS is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

C. PAYMENT ARRANGEMENTS

1. Check all that apply:

_____ The Medicaid agency will make payments directly to providers of waiver services.

_____ The Medicaid agency will pay providers through the same fiscal agent used in the rest of the Medicaid program.

___X___ The Medicaid agency will pay providers through the use of a limited fiscal agent who functions only to pay waiver claims.

_____ Providers may *voluntarily* reassign their right to direct payments to the following governmental agencies (specify) : _____

Providers who choose not to voluntarily reassign their right to direct payments will not be required to do so. Direct payments will be made using the following method: _____

2. Interagency agreement (s) reflecting the above arrangements are on file at the Medicaid agency.

1. ___X___ YES 2. _____NO

D. APPENDIX F - AUDIT TRAIL

Billing Process & Records Retention

All Medicaid claims for waiver services and all other claims for Medicaid reimbursable services are processed through the State's MMIS system.

Client eligibility for Medicaid is electronically transmitted and updated to MMIS from the State's Automated Eligibility System, (i.e., EPICS).

Prior authorization of Medicaid reimbursable services on the approved plan of care (Individual Support Plan) is entered into MMIS by the regional ACCESS Unit.

Before supported employment is authorized by the regional ACCESS Unit, the case manager must provide documentation obtained from the Idaho Division of Vocational Rehabilitation that the individual is not eligible or is no longer eligible for supported employment services funded by IDVR under Section 110 of the Rehabilitation Act of 1973, as amended.

All records are maintained by MMIS. These records are as follows: all claim forms, either on hard copy or microfiche; all remittance and status reports which accompany checks; all adjustment request forms submitted on hard copy or microfiche; and, electronic claims information contained in MMIS.

APPENDIX G - FINANCIAL DOCUMENTATION

APPENDIX G-1 COMPOSITE OVERVIEW COST NEUTRALITY FORMULA

INSTRUCTIONS: Complete one copy of this Appendix for each level of care in the waiver. If there is more than one level (e.g. hospital and nursing facility), complete a Appendix reflecting the weighted average of each formula value and the total number of unduplicated individuals served.

LEVEL OF CARE: ICF/MR

YEAR	FACTOR D	FACTOR D'	FACTOR G	FACTOR G'
1 1,320	<u>\$25,505.69</u>	<u>\$20,678.00</u>	<u>\$72,397.11</u>	<u>\$4,479.51</u>
2 1,540	<u>\$25,577.40</u>	<u>\$20,832.00</u>	<u>\$74,425.80</u>	<u>\$4,554.56</u>
3 1,761	<u>\$25,666.66</u>	<u>\$20,948.00</u>	<u>\$75,752.68</u>	<u>\$4,627.60</u>
4 1,981	<u>\$25,671.10</u>	<u>\$21,039.00</u>	<u>\$77,036.93</u>	<u>\$4,698.29</u>
5 2, 201	<u>\$25,736.39</u>	<u>\$21,110.00</u>	<u>\$78,280.55</u>	<u>\$4,766.75</u>

FACTOR C: NUMBER OF UNDUPLICATED INDIVIDUALS SERVED

YEAR	UNDUPLICATED INDIVIDUALS
1	1,320
2	1,540
3	1,761
4	1,981
5	2,201

EXPLANATION OF FACTOR C:

Check one:

- X The State will make waiver services available to individuals in the target group up to the number indicated as factor C for the waiver year.
- The State will make waiver services available to individuals in the target group up to the lesser of the number of individuals indicated as factor C for the waiver year, or the number authorized by the State legislature for that time period.
- The State will inform HCFA in writing of any limit which is less than factor C for that waiver year.

APPENDIX G-2
METHODOLOGY FOR DERIVATION OF FORMULA VALUES

FACTOR D

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor D as:

"The estimated annual average per capita Medicaid cost for home and community-based services for individuals in the waiver program."

The demonstration of Factor D estimates is on the following page.

APPENDIX G-2
 FACTOR D
 LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1 X 2 3 4 5
 03 04 05 06 07

Waiver Service	#Undup.Recip. (users)	Avg. # Annual Units/User	Avg. Unit Cost	Total
Column A	Column B	Column C	Column D	Column E
Residential Habilitation	1285	328 days	\$67.00 day	\$ 28,239,160
Supported Employment	87	675 Hrs.	\$21.00 hr.	\$ 1,233,225
Respite	21	315 Hrs.	\$ 8.48 hr.	\$ 56,095
Skilled Nursing	92	21 HRS.	\$21.00 hr.	\$ 40,572
Environmental Adaptations	7	1	\$3000 ea.	\$ 21,000
Specialized Medical Equipment	2	1	\$3000 ea.	\$ 6,000
Personal Emergency Response System	1	11 months	\$34.35 month	\$ 377.85
Home Delivered Meals	2	700 ea.	\$ 5.23/ea. 2 per day limit	\$ 7,322
Behavioral Consultation	150	100 hrs.	\$26.00 hr.	\$ 390,000
Chore	2	103	\$ 8.00 hr.	\$ 1,648 0
Transportation	34	4,799 mi.	\$.35 mile	\$ 57,108
Adult Day Care	1,205	500 hrs.	\$6.00 hr.	\$ 3,615,000
Grand Total (Sum of Column E)				\$ 33,667,507.85
Estimated Unduplicated Recipients: Factor D (Divide Total by Number of Recipients): Ave length of stay 328 days				Total
				1320
				\$ 25,505.69

APPENDIX G-2
 FACTOR D
 LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1 2 X 3 4 5
 03 04 05 06 07

Waiver Service	#Undup.Recip. (users)	Avg. # Annual Units/User	Avg. Unit Cost	Total
Column A	Column B	Column C	Column D	Column E
Residential Habilitation	1,499	320 days	\$ 68.88 day	\$33,040,358.40
Supported Employment	101	659 Hrs.	\$ 21.59 hr.	\$ 1,437,008.81
Respite	25	307 Hrs.	\$ 8.72 hr.	\$ 66,926
Skilled Nursing	107	20 Hrs.	\$ 21.59 hr.	\$ 46,202.60
Environmental Adaptations	8	1	\$3000.00 ea.	\$ 24,000
Specialized Medical Equipment	2	1	\$3000.00 ea.	\$ 6,000
Personal Emergency Response System	1	11 months	\$ 35.31 month	\$ 338.41
Home Delivered Meals	2	683	\$ 5.38/ea. 2 per day limit	\$ 7349.08
Behavioral Consultation	175	98 hrs.	\$26.73 hr.	\$ 458,419.50
Chore	2	101 hrs.	\$ 8.22 hr.	\$ 1,660.44
Transportation	40	4685 mi.	\$.36 mile	\$ 67464
Adult Day Care	1,406	488 hrs.	\$6.17 hr.	\$ 4,233,409.76
Grand Total (Sum of Column E)				\$ 39,389,187
Estimated Unduplicated Recipients:				1540
Factor D (Divide Total by Number of Recipients):				\$ 25,577.40
				328 DAYS

APPENDIX G-2
 FACTOR D
 LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1 03 2 04 3 X 4 06 5 07

Waiver Service	#Undup.Recip. (users)	Avg. # Annual Units/User	Avg. Unit Cost	Total
Column A	Column B	Column C	Column D	Column E
Residential Habilitation	1714	313 days	\$ 70.67 day	\$37,913,182.94
Supported Employment	116	644 Hrs.	\$ 22.15 hr.	\$ 1,654,693.60
Respite	28	300 Hrs.	\$ 8.94 hr.	\$ 75,096
Skilled Nursing	123	20	\$ 22.15 hr.	\$ 54,489
Environmental Adaptations	9	1	\$3000 ea.	\$ 27,000
Specialized Medical Equipment	3	1	\$3000 ea.	\$ 9000
Personal Emergency Response System	1	10 months	\$ 36.23 month	\$ 362.30
Home Delivered Meals	3	668 ea.	\$ 5.52/ea. 2 per day limit	\$ 11062.08
Behavioral Consultation	200	95 hrs.	\$27.42 hr.	\$ 520,980
Chore	2	99 hrs	\$ 8.44 hr.	\$ 1671.12
Transportation	45	4,578 mi.	\$.37 mile	\$ 76,223.70
Adult Day Care	1,608	477 hrs.	\$6.33 hr.	\$ 4,855,211.28
Grand Total (Sum of Column E)				\$ 45,198,972.02
Estimated Unduplicated Recipients: 328 Days				1761
Factor D (Divide Total by Number of Recipients):				\$ 25,666.66

APPENDIX G-2
 FACTOR D
 LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1 03 2 04 3 05 4 X 5 06 6 07

Waiver Service	#Undup.Recip. (users)	Avg. # Annual Units/User	Avg. Unit Cost	Total
Column A	Column B	Column C	Column D	Column E
Residential Habilitation	1928	305 days	\$ 72.50 day	\$42,632,900
Supported Employment	131	629 Hrs.	\$ 22.73 hr.	\$ 1,872,929.27
Respite	32	293 Hrs.	\$ 9.18 hr.	\$ 86,071.68
Skilled Nursing	138	20	\$ 22.73 hr.	\$ 62,734.80
Environmental Adaptations	11	1	\$3000 ea.	\$ 33,000
Specialized Medical Equipment	3	1	\$3000 ea.	\$ 9000
Personal Emergency Response System	2	10 months	\$ 37.17 month	\$ 743.40
Home Delivered Meals	3	652 ea.	\$ 5.66/ea. 2 per day limit	\$ 11,070.96
Behavioral Consultation	225	93 hrs.	\$ 28.14 hr.	\$ 588,829.50
Chore	3	96.86 hrs	\$ 8.66 hr.	\$ 2,516.43
Transportation	51	4,470 mi.	\$.38 mile	\$ 86,628.60
Adult Day Care	1,808	466 hrs.	\$6.49 hr.	\$ 5,468,006.72
Grand Total (Sum of Column E)				\$50,854,431.36
Estimated Unduplicated Recipients:				1981
Factor D (Divide Total by Number of Recipients):				\$25,671.10
				328 Days

APPENDIX G-2
 FACTOR D
 LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1 2 3 4 5 X
 03 04 05 06 07

Waiver Service	5	Avg. # Annual Units/User	Avg. Unit Cost	Total
Column A	Column B	Column C	Column D	Column E
Residential Habilitation	2,143	298 days	\$ 74.39 day	\$47,506,495.46
Supported Employment	145	614 Hrs.	\$ 23.32 hr.	\$2,076,179.60
Respite	35	286 Hrs.	\$ 9.42 hr.	\$ 94,294.20
Skilled Nursing	153	19	\$ 23.32 hr.	\$ 67,791.24
Environmental Adaptations	12	1	\$3000 ea.	\$ 36,000
Specialized Medical Equipment	3	1	\$3000 ea.	\$ 9,000
Personal Emergency Response System	2	10 months	\$ 38.14 month	\$ 762.80
Home Delivered Meals	3	636 ea.	\$5.81/ea. 2 per day limit	\$ 11,085.48
Behavioral Consultation	250	91 hrs.	\$28.87 hr.	\$ 656,792.50
Chore	3	94 hrs	\$ 8.88 hr.	\$ 2,504.16
Transportation	57	4,364 mi.	\$. 39 mile	\$ 97,011.72
Adult Day Care	2,009	455 hrs.	\$6.66 hr.	\$ 6,087,872.70
Grand Total (Sum of Column E)				\$56,645,789.86
Estimated Unduplicated Recipients: Factor D (Divide Total by Number of Recipients): Average length of stay - 328 days				Total
				2,201
				\$25,736.39

APPENDIX G-3

METHODS USED TO EXCLUDE PAYMENTS FOR ROOM AND BOARD

The purpose of this Appendix is to demonstrate that Medicaid does not pay the cost of room and board furnished to an individual under the waiver.

- A. The following service(s), other than respite care*, are furnished in residential settings other than the natural home of the individual (e.g., foster homes, group homes, supervised living arrangements, assisted living facilities, personal care homes, or other types of congregate living arrangements). (Specify):

*NOTE: FFP may be claimed for the cost of room and board when provided as part of respite care in a Medicaid certified NF or ICF/MR, or when it is provided in a foster home or community residential facility that meets State standards specified in this waiver.)

- B. The following service(s) are furnished in the home of a paid caregiver. (Specify):

Residential Habilitation

Attached is an explanation of the method used by the State to exclude Medicaid payment for room and board.

The reimbursement rate methodology for this service does not include a component for room and board. Providers get room and board reimbursement through SSI or State Supplemental Payments.

APPENDIX G-4

METHODS USED TO MAKE PAYMENT FOR RENT AND FOOD EXPENSES OF AN UNRELATED LIVE-IN CAREGIVER

Check one:

 X The State will not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who lives with the individual(s) served on the waiver.

 The State will reimburse for the additional costs of rent and food attributable to an unrelated live-in personal caregiver who lives in the home or residence of the individual served on the waiver. The service cost of the live-in personal caregiver and the costs attributable to rent and food are reflected separately in the computation of factor D (cost of waiver services) in Appendix G-2 of this waiver request.

Attached is an explanation of the method used by the State to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver.

APPENDIX G-5

FACTOR D'

LOC:

NOTICE: On July 25, 1994, HCFA published regulations which changed the definition of factor D'. The new definition is:

"The estimated annual average per capita Medicaid cost for all other services provided to individuals in the waiver program."

Include in Factor D' the following:

The cost of all State plan services (including home health, personal care and adult day health care) furnished in addition to waiver services WHILE THE INDIVIDUAL WAS ON THE WAIVER.

The cost of short-term institutionalization (hospitalization, NF, or ICF/MR) which began AFTER the person's first day of waiver services and ended BEFORE the end of the waiver year IF the person returned to the waiver.

Do NOT include the following in the calculation of Factor D':

If the person did NOT return to the waiver following institutionalization, do NOT include the costs of institutional care.

Do NOT include institutional costs incurred BEFORE the person is first served under the waiver in this waiver year.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor D'.

APPENDIX G-5

FACTOR D' (cont.)

LOC: ICF/MR

Factor D' is computed as follows (check one):

☐ Based on HCFA Form 2082 (relevant pages attached).

☐ Based on HCFA Form 372 for years ☐ of waiver
☐, which serves a similar target population.

☐ Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.

☒ Other (specify): **Estimates were derived from AIM (Advanced Information Management System) data, based on historical data that was trended forward.**

APPENDIX G-6

FACTOR G

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor G as:

"The estimated annual average per capita Medicaid cost for hospital, NF, or ICF/MR care that would be incurred for individuals served in the waiver, were the waiver not granted."

Provide data ONLY for the level(s) of care indicated in item 2 of this waiver request.

Factor G is computed as follows:

- ☐ Based on institutional cost trends shown by HCFA Form 2082 (relevant pages attached). Attached is an explanation of any adjustments made to these numbers.
- ☐ Based on trends shown by HCFA Form 372 for years ____ of waiver #____, which reflect costs for an institutionalized population at this LOC. Attached is an explanation of any adjustments made to these numbers.
- ☐ Based on actual case histories of individuals institutionalized with this disease or condition at this LOC. Documentation attached.
- ☐ Based on State DRGs for the disease(s) or condition(s) indicated in item 3 of this request, plus outlier days. Descriptions, computations, and an explanation of any adjustments are attached to this Appendix.
- ☒ Other (specify): **Estimates were derived from AIM (Advanced Information Management System) data, based on historical data that was trended forward.**

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G.

APPENDIX G-7

FACTOR G'

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor G' as:

"The estimated annual average per capita Medicaid costs for all services other than those included in Factor G for individuals served in the waiver, were the waiver not granted.

Include in Factor G' the following:

The cost of all State plan services furnished WHILE THE INDIVIDUAL WAS INSTITUTIONALIZED.

The cost of short-term hospitalization (furnished with the expectation that the person would return to the institution) which began AFTER the person's first day of institutional services.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G'.

APPENDIX G-7

FACTOR G'

LOC: ICF/MR

Factor G' is computed as follows (check one):

☐ Based on HCFA Form 2082 (relevant pages attached).

☐ Based on HCFA Form 372 for years ☐ of waiver
☐, which serves a similar target population.

☐ Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.

☒ Other (specify): **Estimates were derived from AIM (Advanced information Management System) data, based on historical data that was trended forward.**

APPENDIX G-8

DEMONSTRATION OF COST NEUTRALITY

LOC: ICF/MR

YEAR 1

FACTOR D:	<u>\$25,505.69</u>		FACTOR G:	<u>\$72,397.11</u>
FACTOR D':	<u>\$20,678.15</u>		FACTOR G':	<u>\$ 4,479.51</u>
TOTAL:	<u>\$46,183.84</u>	\leq	TOTAL:	<u>\$76,876.16</u>

YEAR 2

FACTOR D:	<u>\$ 25,577.40</u>		FACTOR G:	<u>\$74,425.80</u>
FACTOR D':	<u>\$20,832.68</u>		FACTOR G':	<u>\$4,554.56</u>
TOTAL:	<u>\$46,410.08</u>	\leq	TOTAL:	<u>\$78,980.36</u>

YEAR 3

FACTOR D:	<u>\$25,666.66</u>		FACTOR G:	<u>\$75,752.68</u>
FACTOR D':	<u>\$20,948.51</u>		FACTOR G':	<u>\$ 4,627.60</u>
TOTAL:	<u>\$46,615.17</u>	\leq	TOTAL:	<u>\$80,380.28</u>

YEAR 4

FACTOR D:	<u>\$25,671.10</u>		FACTOR G:	<u>\$77,036.93</u>
FACTOR D':	<u>\$21,038.55</u>		FACTOR G':	<u>\$4,698.29</u>
TOTAL:	<u>\$46,709.65</u>	\leq	TOTAL:	<u>\$81,735.22</u>

YEAR 5

FACTOR D: \$ 25,736.39

FACTOR G: \$78,280.55

FACTOR D': \$21,110.55

FACTOR G' \$4,766.75

TOTAL: \$46, 846.94 \leq

TOTAL: \$83,047.30

